

Kane County Law Library & Self Help Legal Center

Photographs and/or Videos with Identifying Information Release Form

I, _____ [print your name] give the Kane County Law Library & Self Help Legal Center and its employers, agents and representatives, permission for the use of identifying information accompanying any photographs and/or video recordings made bearing my likeness. Identifying information is limited to my full name and/or the name of any organization that I am representing at the time the photographs and/or video recordings were taken.

I hereby irrevocably authorize the Kane County Law Library & Self Help Legal Center to edit, alter, copy, exhibit, publish, or distribute the photographs and/or videos with identifying information for purposes of publicizing the services and programs of the Kane County Law Library & Self Help Legal Center. In addition, I waive the right to inspect or approve the finished product where my likeness and identifying information appears.

Such use may include, but not be limited to: publications, displays, advertising, and postings to Law Library social media accounts.

By signing this form, I release from liability, and agree to refrain from instituting any legal action against the Kane County Law Library & Self Help Legal Center, and its employers, agents and representatives, regarding the use of, or distribution of, said photographs and/or video recordings with identifying information.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing and I fully understand the contents, meaning, and impact of this release.

Sign your name

Date

Print your name name

Date

If the person is under age 18, there must be consent by a parent or guardian, as follows:

*I hereby certify that I am the parent or guardian of _____
[print name of person under age 18] and do give my consent without reservation to the foregoing on behalf of this person. I have read this release before signing, and fully understand the contents, meaning and impact of this release.*

Signature of Parent / Guardian

Date

Printed name of Parent / Guardian

Date