



403 Fox Chapel Rd.  
Pittsburgh, PA 15238

[www.coopersiegelcommunitylibrary.org](http://www.coopersiegelcommunitylibrary.org)

412-828-9520

## PHOTO OPT OUT RELEASE FORM

I do not authorize Cooper-Siegel Community Library, its employees or volunteers, to record photographs or other images or likenesses of \_\_\_\_\_ in the form of videotape, audiotape, film or digital stills, or any other medium. I do not authorize Cooper-Siegel Community Library to use, reproduce, modify, distribute or publicly exhibit such recordings, in whole or in part, for any purpose.

Further, I do not consent to the use of \_\_\_\_\_'s name or voice in connection with any such recording.

I understand it is my responsibility to remove myself and/or my child(ren) from areas being videotaped or photographed and to notify the photographer of my opt out status.

I hereby confirm that I am legally of full age (18) and have every right to contract in my own name as stated above. I further affirm that I have read the above "Photo Opt Out Release," and am familiar with its contents.

I hereby confirm that I am the parent or guardian of the child named above. I further affirm that I have read the above "Photo Opt Out Release," and am familiar with its contents.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of parent/guardian (if child is under 18): \_\_\_\_\_

Signature of parent/guardian (if child is under 18): \_\_\_\_\_

*Please return the completed form to the librarian in charge  
of the program you and/or your child(ren) are attending.*