



FORT BEND COUNTY LIBRARIES
PHOTOGRAPH/VIDEO WAIVER AND RELEASE OF LIABILITY

I hereby authorize and give my consent to Fort Bend County, Texas, its employees, officers, volunteers, and agents (collectively "County") the non-revocable and unrestricted right to use and publish photograph(s) including my image and likeness or my child's image and likeness and to quote or record statements from me or my child for use in publications including brochures, newsletters, marketing material, display boards, electronic publications, websites or any other purpose or in any manner and medium and to alter the same without restriction and to copyright the same.

I understand that these materials shall become the sole property of the County and the County shall have the right to duplicate, reproduce and make other uses of the material for any lawful purpose, including illustration, advertising, and promotion. I understand that I will not be provided the opportunity to review final marketing and advertising material or any of the content prior to dissemination, now or in the future. I, voluntarily, waive any right to royalties or other compensation arising from or related to the use of these materials. I understand that the County is not responsible for unauthorized duplication or use by third parties including on the Internet.

I, voluntarily, agree to RELEASE FROM LIABILITY and WAIVE THE RIGHT TO SUE the County, including any firm publishing and/or distributing the finished product in whole or in part, from any and all claims, arising from or related to the use of the photograph(s) or statements, including but not limited to any misuse, distortion, alteration, claims of defamation, or invasion of privacy, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

By my signature, I warrant that I am at least 18 years old; that I have the legal authority to sign this **PHOTO/VIDEO WAIVER AND RELEASE OF LIABILITY** and that I sign it of my own free will. In the event that the below named participant is a minor, I certify that I am the parent or legal guardian of the participant and have agreed to the terms described herein on behalf of my minor child.

I understand that a photocopy of this authorization is as valid as the original.

Printed Name _____

Is this person a minor? (Please circle) Y / N If yes, DOB: _____

Signature of Participant or Guardian: _____

Date: _____