

## **Asotin County Library**

417 Sycamore St.  
Clarkston WA 99403

### **Photo Opt-Out Policy**

Asotin County Library may at times use photographs, audio, and/or video recordings of employees and patrons for purposes of publicity on behalf of the library, via the Internet, print publications, and other media.

### **Opt-Out Form**

Should an employee or patron (or the parents or guardians of such persons who are under the age 18) NOT want to be photographed or recorded, or have their name or biographical information used in connection with any such recording, they must submit a completed Photo Opt-Out Form to the Asotin County Library.

Individuals who submit a completed Photo Opt-Out Form are also responsible for removing themselves from areas in which photography and/or recording is taking place, or notifying the camera operator of their opt-out status. Failure to do so may result in that individual's inclusion in a photograph or recording and will be treated as consent for the library to utilize that photograph or recording accordingly.

### **Public Spaces & Events**

Please be advised that images and videos taken in public spaces and/or at public events do not require authorization for publication. Your presence in or around library facilities and/or properties, as well as at off-site library events, constitutes your consent to the capture and/or use of your image and/or voice by Asotin County Library and waives any claims or rights, whether in law or in equity.

When a completed Photo Opt-Out Form is on file, the library will make every effort to honor that individual's Opt-Out status, even in public spaces or at public events.



## PHOTO OPT-OUT RELEASE FORM

I do not authorize Asotin County 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 Asotin County 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 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 of 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 Service Desk.

