



22 Whitney Place
Saratoga Springs, NY 12866
(518) 584-7300
www.sals.edu

Photo Release Form

Participant's Name:

Participant's Address:

Name of Parent or Guardian (if participant is a minor)

Guardian's Address:

Completion of this form constitutes the release of all rights to photographic images taken of the participant. This release is to discharge any and all claims and demands arising out of or in connection with the use of photographs including any and all claims for libel or invasion of privacy. I hereby grant to Southern Adirondack Library System the ownership and full use of any photographs which are taken, and grant to S.A.L.S. the right to identify me (or the minor for which I am parent /guardian) by name.

I am of full age and have the right to contract in my own name or for the minor named above. I have read this release and fully understand the contents. This release shall be binding upon me and my heirs and legal representatives.

Signature:

To be signed by the participant, or the guardian if the participant is a minor.