



## Teen Media Volunteer Permission & Release Form Photo/Video/Audio Release

[Please print] I, \_\_\_\_\_ give permission to my child,  
First MI Last  
\_\_\_\_\_ to volunteer  
First MI Last  
at Howard County Library System (HCLS) \_\_\_\_\_ Branch during the above noted date(s).  
Name of Branch

I understand that:

- Rules of conduct will be enforced.
- My child will be supervised by staff only while signed in for a scheduled volunteer shift.
- HCLS is not responsible should my child leave the building on his/her own.
- My child may be asked not to return if he/she does not perform assigned duties satisfactorily.
- Some volunteer activities may take place outside the building under the direction of HCLS staff, and that in this case my child will be directly exposed to existing weather conditions.
- My child must wear appropriate shoes at all times.
- Food and beverages may be available to my child as part of volunteering.
- Although every effort will be made to provide adequate supervision, HCLS cannot be held responsible for any physical or other harm to a volunteer before, during, or after a shift.
- HCLS staff will call 911 in the event of an emergency, and we will make every effort to notify the contact listed below.

### Photo/Video/Audio Release from Liability.

By visiting HCLS, or attending HCLS, or HCLS co-sponsored, classes or events, at any location, the attendee agrees that: HCLS shall have the unrestricted right and license to use his or her image, likeness, name, voice, comment, or other proprietary or public rights, and that of any minor accompanying attendee, in any broadcast, telecast, photograph, video, audio sound, audiovisual, and/or other recording taken in connection with the class, event, or other transmission, distribution, public performance, or reproduction, in whole or in part, of the class or event for all purposes, worldwide, in perpetuity, and in any and all media now or hereafter known, without compensation, HCLS is the exclusive owner of all copyrights and other proprietary rights. The rights granted herein to HCLS are assignable.

**Release from Liability.** I, my successors and assigns, agree to release, discharge, indemnify and hold HCLS and Howard County, (MD), their officers, employees, and agents, harmless for any and all damage to my and/or my child's person or property while he/she is performing as a volunteer.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tel.: (h) \_\_\_\_\_ (c) \_\_\_\_\_

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

In case of emergency notify: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Tel.: (h) \_\_\_\_\_ (c) \_\_\_\_\_

I understand that I will be expected to follow rules of conduct during volunteering.

Age of teenager: \_\_\_\_\_ Teenager's signature: \_\_\_\_\_