



Upper Dublin Public Library

Audio and Audio/Video Recording General Release Form

General Release

I consent to the recording of my statements and image, and grant to UDPL and its employees, contractors, agents, and licensees, including all successors and assigns, the right to copy, reproduce, and use all or a portion of the statements and my image (the "Interview") for all purposes, including advertising, trade, or any commercial purpose throughout the world and in perpetuity.

I grant the right to use my image and name in connection with all uses of the Interview and waive the right to inspect or approve any use of my Interview. I agree that UDPL owns the recordings and all rights related to the Interview. The Interview may be used in any manner or media without notifying me, including but not limited to UDPL sponsored websites, promotions, and videos.

I release UDPL and its officers, employees, contractors, agents, licensees, and all successors and assigns, from any claims, threat of claims, damages or liability of any kind, at law or in equity, which I may ever have in connection with the Interview.

I am at least 18 years of age and competent to sign this release for myself; or,

I am the parent of _____, who is under 18 years of age and sign this General Release as his/her parent and legal guardian.

I acknowledge and agree that I have read this General Release before signing. I understand its contents, meaning and impact, and I freely and willingly accept its terms.

Name (please print)

Age (if under 18)

Date

Address

Phone

Signature (or parent's signature if child)

Parents Name (if Interviewee is under the age of 18)