



PHOTO/VIDEO/WRITTEN CONSENT AND RELEASE AGREEMENT

Please complete the following form and return with your submission

1. I live in Carroll County: Yes No
3. I wish to remain anonymous (only for written statements): Yes No
4. I am a minor: Yes No
5. Age (optional): _____
6. Race and/or ethnicity (optional): _____

I, _____, grant permission to The Historical Society of Carroll County, hereinafter known as "HSCC" to use my media submission (photographs and/or video/written statement) in historical publications, museum exhibits, presentations, other educational projects and for archival purposes.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. I understand that I will receive no monetary compensation for the rights granted herein and waive any right to royalties and/or any other forms of compensation arising from or related to the use of my submission. I also understand that I retain the right to use my own images, videos, and statements in any way I so choose.

Please initial the paragraph below which is applicable to your present situation:

_____ I am 18 years of age or older. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____ (if under 18 years of age)