

Request to Photograph/Video/Film in the Dobbs Ferry Public Library

Name _____
Organization _____
Phone #: _____
Date(s) filming will take place _____
Time(from)(until) _____
Area involved _____
Purpose _____
Production equipment used (including
lighting) _____

Names of persons
involved _____

If dialog, music or sound effects to be used,
describe _____

Note: Please keep in mind that library staff are working & may not want to be photographed/filmed at all.

By signing this Request, I hereby:

- (a) acknowledge that the law may require me to receive the consent of every person photographed/videotaped/filmed and that failure to receive such consent may result in litigation against me. I understand that I am solely responsible for acquiring the written consent of each person photographed/videotaped/filmed;
- (b) acknowledge that I am solely responsible for the content of the photographs/videotapes/films and how they are used;
- (c) agree that I am not using the photographs/videotapes/films for any commercial or news media purposes, without appropriate authorization; and
- (d) acknowledge that I have received and read a copy of the Guidelines for Photography, Videotaping, and Filming in the Dobbs Ferry Public Library, and agree to follow these guidelines and procedures.

Print Name _____

Signature _____

date: _____