



**Bethany Library Association  
Clark Memorial Library  
Arts@Clark!**

**MEDIA RELEASE FORM**

By signing below I, \_\_\_\_\_, (*your name*)  
authorize the organization identified above to photograph me and works  
associated with me as part of an exhibition or performance through  
Arts@Clark.

I understand the photos may be used for library's website, social media,  
newsletters, and/or library fundraising purposes. I understand the photos  
may be used throughout the country by other local, state and federal  
agencies for informational and instructional purposes. I have not been  
compensated nor will I seek compensation for the photos. I release the  
organization from responsibility should a third party violate the terms of this  
release.

Signature of Artist	Date
Signature of Witness	Date