

Brookings Arts Council Photography Opt-Out Form

I, _____ (full name), hereby request to opt-out of being photographed or filmed during the attended event. I understand that by submitting this form, I am expressing my preference not to have my image captured or used for any promotional or non-personal purposes.

Participant Information:

Full Name: _____

Email Address: _____

Phone Number: _____

Event Details:

Event Name: BACA 65+ Free Painting Class

Date: 6/20/23

Location: Brookings Arts Council

By signing this form, I acknowledge and agree to the following terms:

1. I understand that the event organizers will make reasonable efforts to respect my privacy and minimize the chances of capturing my image. However, I acknowledge that it may not always be possible to prevent accidental inclusion in photographs or videos taken during the event.
2. I agree that the event organizers, sponsors, and their representatives shall not be held liable for any unintentional inclusion of my image in event-related media materials.
3. I acknowledge that this opt-out request applies only to the specific event mentioned above. If I wish to extend this request to future events or revoke it at any time, I will notify the event organizers in writing.
4. I understand that my decision to opt-out does not grant me access to areas or activities where photography or filming is restricted due to safety, security, or legal reasons.
5. I agree that the event organizers may still capture my image incidentally in crowd shots or public areas where a reasonable expectation of privacy cannot be maintained.

Participant's Signature: _____

Date: _____

Note: This form is voluntary and provides an opportunity for participants to express their preference regarding photography at the event. However, it does not guarantee complete avoidance of being photographed or filmed.