



NAME AND PHOTO RELEASE FORM

I am providing this Release on my own behalf and on behalf of the following minor children (for whom I am a parent or guardian):

Name(s): _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Local media, photography/filming contractors or department staff may photograph/video record participants for promotional purposes. Footage/images may be included in printed materials, videos, or social media.

Do you give permission for your child to appear in the photographs/recordings? **NO** **YES**

I fully acknowledge that these services have been donated and I hereby waive any fees or payments.

Name

Signature

Date

Office Use Only:

Program/Subject: _____

Coordinator: _____

Date: _____

File Code: J2-7