



Photo Release Authorization

I hereby consent to and authorize the City, its publishers, licensees and assignees, permission to use and reproduce still photographs and/or film footage taken of me (and/or photos taken of my child/children) in whole or in part, with or without names, for editorial, trade, or advertising purposes. I also confirm that I waive all claims arising from such use for any addition compensation, damages, and invasion of privacy.

Volunteer Signature _____ Date _____

Printed Name _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Phone # _____

Email _____

Parent/Guardian Signature (needed for under 18) _____

Parent/Guardian Printed Name _____

Date _____