## **PHOTO RELEASE**

| 1,  | , hereby grant the Town of          |
|---|-------------------------------------|
| Forestburgh permission to photograph me. The Town of  | Forestburgh has my                  |
| permission to reproduce any photos of me for use in any                                     | of its publications only, without   |
| payment or any other consideration.   |                                     |
|   |                                     |
| I understand and agree that these materials will b  | ecome the property of the Town      |
| of Forestburgh and will not be returned.  |                                     |
|   |                                     |
| I hereby authorize the Town of Forestburgh to edi   | t, alter, copy, exhibit, publish or |
| distribute photos for the purpose of publicizing the Town of Forestburgh's programs. I      |                                     |
| waive the right to inspect or approve the finished product, including written or electronic |                                     |
| copy, wherein photos appear. I waive any right to royaltic                                  | es or other compensation            |
| arising or related to the use of the photograph(s).   |                                     |
|   |                                     |
| I hereby hold harmless and release and forever d  | •                                   |
| Forestburgh, its officers, employees, agents or assigns, from all claims, demands, and      |                                     |
| causes of action which I, my heirs, representatives, executors, administrators, or any      |                                     |
| other persons acting on my behalf or on behalf of my estate have or may have by             |                                     |
| reason of this authorization.   |                                     |
|   |                                     |
| Printed Name:   | Date:                               |
| Tillited Name.  | Date                                |
| Signature:  |                                     |
| ·   |                                     |
| Signature:  |                                     |
| (Signature of parent or guardian if under 18 years of age                                   |                                     |