



Release of Photograph and/or Name

Consent for publication of my name, likeness, image, photograph, videotape, film and statement.

I give consent to the City of Baytown, its officers, agents, and employees, to photograph, film, and/or videotape me or my child, and to use photos, digital reproductions, films, or videotapes with or without my or my child's name, and to quote or record statements from me or my child from promotions, advertisements, publicity, and other purposes including flyers, newspapers, and websites.

I grant the City of Baytown, its officers, agents and employees, all rights to reproduce, edit, mix distribute and display publicly, including on the Internet, photographs, film videotape, and statements, and to prepare derivative works. The City is not responsible for unauthorized duplication or use by third parties, including on the Internet. The City has no financial commitment to me as a result of this consent and release. I expressly waive, release and discharge the City and its officers, agents and employees from all claims, causes of action, and demands that I or my child may have against them arising from publication of actions, demands that I or my child may have against them arising from publication of my or my child's name, likeness or statement. This release is valid until revoked and applies to multiple times and uses; provided, however, should I revoke this release, such revocation shall be valid only for photographs, digital reproductions, films, and/or videotapes made after the date of the City's receipt of the revocation. The City has no liability for any use of photographs, digital reproductions, films, and/or videotapes made before it receives my written revocation.

Initial one:

_____ I give cosent to take and post my photograph.

_____ I do not give consent to take and post my photograph.

Full Name: _____

Signature: _____

If you are under 17 years of age, a parent or legal guardian must sign below.

I hereby certify that I am the parent or legal guardian of the person named above and I give my consent on behalf of him or her.

Full Name: _____

Signature: _____

Signed on this _____ day of _____, 20____.