**[DEPARTMENT NAME]**

 Image Release Form

**[Department/FC Program Logo]**

**For more information please contact (Department/Fire Corps Program Name Here) at**

**(Website Information Here) or (Phone Number Here).**

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[Department Name] provides public services to the community through its [Fire Corps program name (if applicable)]. In providing these services, it is often beneficial to utilize pictures, videos, or original work pertaining to emergency incidents, services, or activities. Completion of this form will allow the [Department Name] to utilize pictures, videos, and original work in the organization’s materials and outreach initiatives.

***Please complete this form and return it to [Department Name]*** ***personnel***.

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| I hereby grant permission to be photographed and/or recorded and grant the [Department/FC Name] the full right to use or publish such images, videos, and any of my original work, such as evaluations, suggestions, recommendations or the like, produced in conjunction with the activity. I waive any right to compensation for the publication or other use thereof. I consent to any lawful use of said photographs, videos, work, or any duplication thereof for any purpose the [Department/FC Name] may deem proper, including, but not limited to, promotional and/or educational activities. I understand that my name, program name, department name, and city/state may or may not be used in conjunction with the image, video, or original work.Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name Middle Initial Last NameSignature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(If under age 18)** |

**For more information, please contact**

**[Department Name] at [Email] or [Phone].**