

Event:

Date:



PHOTO CONSENT AGREEMENT

2750 Gateway Oaks, Suite 330
Sacramento, CA 95833
Attn: Erin Blount
Phone: (916) 876-6684 FAX: (916) 876-5877

I, _____, consent to having me and my child(ren) name, photograph, image, quotes or interviews used for publication in various marketing materials including but not limited to newsletters, annual reports, videos, websites, media broadcasts and presentation displays by First 5 Sacramento Commission, its contractors and the County of Sacramento. I understand that my picture and my child(ren) picture/image may be seen by members of the general public.

I understand that I may revoke this consent agreement at any time except when action has already been taken based on this release.

NAME OF CHILD BEING PHOTOGRAPHED OR INTERVIEWED:

(Please Print)

PHONE NUMBER: _____

EMAIL: _____

SIGNATURE: _____
(Parent/Guardian/Authorized Representative Required If Under 18 Years of Age)

DESCRIPTION OF PHOTO: _____

Staff: Return to Erin Blount, First 5 Sacramento