



MODEL RELEASE

TO:

I understand that Children's Services Council of Broward County desires to use photographs of me, which may be published in the Children's Services Council of Broward County publications, direct mail pieces, inserts, website and other related promotional medium. I hereby consent and give Children's Services Council of Broward County permission to take photographs and/or digital video images of me and to use and publish such photographs, together with any caption or descriptive material, including my name, that Children's Services Council of Broward County may choose, for advertising, publicity, or any other purpose in the Children's Services Council of Broward County direct mail pieces, inserts and other related promotional medium, or in any other publication or manner Children's Services Council of Broward County may authorize.

I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put.

I release the Children's Services Council of Broward County, its officers, agents and employees of and from all debts, claims and liability of any kind arising out of or in connection with the taking and use of photographs, the use of my name and the use of any caption or descriptive material therewith.

CHILD'S NAME: _____

SIGNATURE OF PARENT/GUARDIAN: _____

ADDRESS: _____

DATE: _____

SIGNED IN THE PRESENCE OF: _____

PHOTOGRAPHER/VIDEO IMAGER: _____

ASSIGNMENT: _____