



Parks Volunteer Network Audio/Video/Photograph Release Form

I authorize Clark County, through its employees and agents, to record audio, video, and/or to photograph me (or my minor child) and to use and reproduce all audio clips, video clips, and/or photographs to advertise and promote their programs and services in printed materials and on the internet without further notice to me and without compensation.

Location where the audio/video/photograph was taken: _____

Name of photographer and/or videographer: _____

Printed name(s) of subject(s): _____

This is to certify that I, or as parent/guardian with legal responsibility for the subject, do consent and agree to the release as provided above.

Signature

Date 20



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