

PHOTO RELEASE FORM

Participant's name _____
please print

I hereby authorize Clark County, Washington to publish my name and any photographs/video a county employee or contractor takes of me, for use in Clark County's printed materials, website, or other media used to inform or involve the public regarding public matters. I acknowledge that since my participation in publications and websites produced by Clark County is voluntary, I will receive no financial compensation. I also agree that my participation in any public materials produced by Clark County confers on me no rights of ownership, and that in giving this consent, I waive any right to approve accompanying written or narrative material.

I release Clark County, its contractors and its employees from liability for any claims by me or any third party in connection with my participation in producing public information developed and distributed by Clark County.

Signature _____ Date: _____

Phone _____

Email _____

If participant is a minor

Name of Parent or Guardian _____
please print

Signature of Parent or Guardian _____ Date: _____



COUNTY MANAGER'S OFFICE COMMUNICATIONS

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