



**CRANFORD POLICE DEPARTMENT POLICE EXPLORER POST #2074
PHOTOGRAPHIC RELEASE FORM**

I, _____, parent/guardian of _____ (Explorer Applicant's Name) whose birth date is _____, understand that my child will be participating in public and private events as a Cranford Police Explorer. As such, my child may be photographed and/or videotaped. These photographs and/or tapes may be used in any publications or social media network utilized by the Cranford Police Explorer Post or any other agency where the Explorer Post is being represented. This may include his/her image, name, and age.

Explorer's signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read and understand this Release and will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceedings for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement.

Parent or Legal Guardian Signature: _____

Please make a copy of this form for your own records and mail or fax the signed original to:
Cranford Police Department
8 Springfield Avenue
Cranford, NJ 07016
s-dambola@cranfordnj.org
Phone: 908-709-7336 Fax: 908-272-2184