County Of Sonoma Standard Photo/Video Release Form

Participant's Name:
I hereby authorize the County of Sonoma and all of its departments, agencies and special districts and their employees ("the County of Sonoma" or "the County"), to publish the photographs and/ or videos taken of me, and my name, or structures I own/manage for use in the County's printed publications, websites and social media channels.
I acknowledge that since my participation in publications and websites produced by County of Sonoma is voluntary, I will receive no financial compensation.
I further agree that my participation in any publication and website produced by County of Sonoma confers upon me no rights of ownership whatsoever. I release County of Sonoma, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.
INDUSTRY //
Signature: RECREATION
Date:
Street Address:
City, State, Zip:
Email Address:
Phone Number:
Date of Photo/Event:
Location of Photo/Event:

Photo #: _____

COUNTY OF SONOMA STANDARD PHOTO RELEASE FORM FOR MINOR SUBJECTS

Participant's Name:
I hereby authorize the County of Sonoma and all its departments, agencies, commissions and special districts and their employees ("the County of Sonoma"), to publish the photographs and/or videos taken of the minor(s) named below on whose behalf I am signing, and to use said minor(s)' names in the County's printed publications, websites, social media channels and other similar media.
I acknowledge that since my child(s)' participation in publications and websites produced by the County of Sonoma is voluntary, I hereby agree not to make any claim for compensation for the use of my child(s)' image and/or voice and/or words.
I further agree that my child(s)' participation in any publication and website produced by the County of Sonoma confers upon me no rights of ownership whatsoever. On behalf of myself and my child/children, I agree to release and hold harmless the County of Sonoma, its contractors and its employees from liability for any claims by me or on behalf of my child/children or any third party, arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.
I have read this minor Child Photo Release Form and voluntarily accept the terms and conditions set forth herein. I hereby certify that I am the parent or guardian of the minor child/children named below, and I have the legal authority to execute this Release on behalf of the child/children.
Minor's Name(s):
Name of Parent or Guardian:
Signature of Parent or Guardian of Minor Subject:
Date:
Street Address:
City, State, Zip:
Email Address:

Date and Location of Photo/Event and Photo #: _____

Phone Number: