

STANDARD PHOTO RELEASE FORM FOR MINOR CHILDREN

I hereby authorize the City of Farmington to publish photographs taken of me and/or the undersigned minor children, and our names, for use in the City of Farmington's printed publications and website.

I release the City of Farmington from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the City of Farmington to use their photographs and names.

I acknowledge that since participation in publications and website produced by the City of Farmington confers no rights of ownership whatsoever. I release the City of Farmington, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Print Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____