CITY OF PHILADELPHIA

PHOTOGRAPHIC RELEASE FORM

Vanessa Garrett-Harley
Deputy Mayor
Office of Children and Families
PH: 215.683.6006 I FAX: 215.683.6006

Kimberly Ali
Commissioner
Department of Human Services
PH: 215.683.6000

CITY OF PHILADELPHIA

I, _____ hereby consent and grant full permission and authorization to the City of Philadelphia and its officials, directors, departments, agencies, agents, representatives, boards, commissions, employees, successors and assigned to use, or allow to be used, my, or my child/wards' name, voice, and/or picture or image in any broadcast, telecast, advertising, promotion, blog, website posting, brochure, media publicity, and/or catalogue or other similar publication, or in any media now known or hereafter invented for any purposes whatsoever without compensation. I understand that I do not have any rights to photographs or videotape or audiotape taken of me or my child/ward during my or my child/ward's participation in or attendance at DHS programs or services. I further understand that said photographs, videotapes or audiotapes may be published, reproduced, and used in any media and/or manner, in addition to, or in lieu of, my child/ward's name and/or image, to illustrate, promote, and advertise DHS, the City of Philadelphia or the Office of the Mayor.

I hereby release the City of Philadelphia from all claims of every kind resulting from my participation in the DHS program or service or use of my or my child/ward's name, voice, and/or picture image.

I hereby acknowledge that I am eighteen (18) years of age or over and have read this release form and fully understand its terms, and agree to sign it voluntarily.

Program Participant's Signature _____ Date: _____
(If under 18 years old, Parent or Guardian must also sign)

Print Name _____

PARENT/LEGAL GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

The undersigned parent or legal guardian does hereby represent that acting in such capacity, he/she has consented to his/her child or ward's participation in DHS programs or services, and has agreed individually and on behalf of the child or ward, to the terms and conditions of this release.

Name of Child/Ward: _____ Age: _____

Parent or Legal Guardian's Signature: _____ Date: _____