PHOTO CONSENT FORM

I, _____ with a mailing address of _____ City of _____, State of _____ (the "Releasor") grant permission and give my consent to _____ (the "Releasee") for the use of the following photograph(s) or electronic media images as identified below for presentation under any legal use:

_____

Describe Photo(s)

Revocation (check one)

☐ - I understand that with my authorization below the photograph(s) may never be revoked.

☐ - I understand that I may revoke this authorization at any time by notifying _____ in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Releasor's Signature _____ Date _____

Releasee's Signature _____ Date _____