

SAFD Photograph Authorization and Release Form

Regarding: _____ (Participant Name)

I give the San Antonio Fire Department (SAFD) permission to use my name or minor child's name, likeness, image, voice, and/or appearance in any pictures, photos, video recordings, audiotapes, digital images created while participating in Camp Hero Like Her by or in coordination with the SAFD.

I agree that the SAFD has ownership of such pictures and may use them for any legitimate purpose consistent with the SAFD's mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, social media posts and any promotional or future educational materials in any medium including the Internet.

I acknowledge that I or my minor child will not receive any compensation for the use of the pictures and release the SAFD, the City of San Antonio and its agents from any claims that may arise out of the use of the photo or recording as described in this Authorization and Release.

I have read and understand this Authorization and Release.

I give my consent to the SAFD to use my (if adult participant) or my minor child's name, voice and likeness to promote programs, and/or their activities.

Signature of Participant 18 years of Age or Older Date

Signature of Parent if Participant is a Minor Date