



The First 5 years.
Make them count.

Photograph Consent Form

I _____, give my permission for FIRST 5 Santa Clara County to photograph me and/or my child named _____
(Name of child)

The term "photograph," includes a videotape, videodisc, motion picture or still photography in any format, as well as any other means of recording and reproducing images.

I agree that FIRST 5 Santa Clara County, may use the images for educational and/or promotional purposes including but not limited to the images may be used for web site, brochures, and advertising. The images may not be used at all. I understand that all images will be and remain the property of FIRST 5 Santa Clara County.

I understand and agree that I will not be compensated financially for the use of the photograph, but if the photograph will be used in promotional materials, I will receive one or more prints for my personal use. A print will be sent to my home if I provide an address below.

I hereby release and hold harmless FIRST 5 Santa Clara County from all claims and liability arising from or in connection with the photograph of my child or me.

Photo Shoot Date: _____

Location: _____

Photographer: _____

Purpose: _____

Please provide your mailing address below:

Name: _____

Address: _____

City: _____

State, Zip Code: _____

Parent or Caregiver Signature: _____

If signed by other than parent, please indicate relationship: _____

First 5 Staff: _____