A close up of a sign

Description automatically generated

Consent to Photograph/Video Photo/Video Release Authorization

I, the undersigned, give permission to the Cultural Council of Greater Jacksonville, and/or parties designated by Cultural Council to photograph/video me or the minor named below and use such photograph(s)/video(s) in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use.

I further consent to the use of my name, my organization’s name listed below in connection with the photograph(s)/video(s) if needed by Cultural Council and/or parties designated by The Cultural Council.

I understand and agree that:

a.) the guardians of any minors whose names and/or images are included in the materials provided have granted permission for use of the minor's image, and that such minor's will not receive any payment for time, expenses or any royalty for the publication of the photograph(s)/video(s);

b.) I accept full responsibility for the Cultural Council's the use of  a minor’s name and/or image name;

c.) I hereby release the Cultural Council of Greater Jacksonville and/or any parties designated by The Cultural Council of Greater Jacksonville from any such claims resulting from the use of a minor's name and/or image.

I certify that I have read and fully understand this consent and release, and that all questions pertaining to this consent have been answered to my satisfaction.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adult representative or Guardian of Student under 18 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Contact Phone Number

Print Names of children under age of 18 who appear in the video.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_