



Community Services Agency of Mountain View and Los Altos

204 Stierlin Road
Mountain View, CA 94043

Photograph, Interview, Video and Sound Recording Release Authorization

I hereby consent to and authorize the photographing, interview, filming and/or recording of me for use by Community Services Agency, without compensation, for publicity, training and promotional purposes.

I understand that I have the right to establish restrictions or limitations on my account as follows:

(set forth restrictions or limitations on your consent)

I hereby expressly waive all claims for any compensation of taking, making, reproduction and/or dissemination of any photographs, interviews, film or recording consented to above and for any damages which directly or indirectly relate or result from such making, taking, reproduction, dissemination or use.

Date: _____

Name (printed): _____ **Signature:** _____

If the person signing is under age 18, there must be consent by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent Name (printed): _____ **Signature:** _____

Address: _____ **City/State/Zip** _____

Phone: _____ **Email:** _____

(Internal Use) Project for which the photograph, interview, filming or audio will be used:
