



City of Richmond Videotape & Photograph Waiver / Release

The City of Richmond (City) asks for your permission to take videotape footage and/or one or more photographs of you and/or your child and to use, reproduce, and release to others such videotape footage and photographs. By signing this Videotape & Photograph Waiver / Release you are agreeing to this on the terms set out in this document.

I, _____ (please print name), agree to permit the City to take videotape footage and one/or or more photographs of me and/or my child and to use, reproduce and release to others such images, whether in video, photographic, digital, electronic or other form without payment or other compensation to me or my child, for any City purposes. Such purposes may include using them in City videos, publications, posters, its Internet website or other media, for promotional, social, recreational, cultural, educational, research, commercial, good will and archival purposes. The City may also provide this videotape footage and photographs to a third party providing a service for the City for use in connection with providing that service. I understand that my image or that of my child could possibly be seen worldwide. I agree not to sue the City or its employees, officials, officers, volunteers, representatives, agents or contractors, or bring claims or demands of any nature against any of them in connection with any matters referred to in this Videotape & Photograph Waiver / Release including, without limitation, the use, reproduction or release of my image or that of my child.

I also agree to the inclusion of my name, and/or my child's name in connection to any of the matters referred to herein: Yes No

Personal contact information will be treated as confidential, subject to any statutory requirements or lawful orders or directives, unless you consent in writing to a further request for its release.

Participant's / Child's Name	Age of Participant / Child

Signature (or Parent Signature – if for a child under 18 yrs old)

Date

Email or other contact address

Phone number

(For City of Richmond Office Use Only)

Activity/Event & Location: _____

Video Description (of person): _____

Photographer: _____ **Phone Number:** _____

Photo Title or Number: _____

Location in (S:) Drive:: _____