

AUTHORIZATION FOR PHOTO-VIDEO RELEASE

Name of Individual being Photographed/Filmed/Recorded (please print):

I, the undersigned, hereby grant permission to the Morganton Department of Public Safety (the "Department") to take, use, reuse, publish my child's likeness (photographic, video-form or otherwise) and voice, for the purposes of public service announcements, publicity, promotion or any other use by the Department, in any and all forms, media and manners, including but not limited to, news releases, websites, social media, photographs, video and marketing for an indefinite period of time.

I understand and agree that these images and voice recordings may be used for a variety of purposes, as outlined above, without further notification. And as such, I further agree that I/they do not have any right to inspect or approve of the finished photographic, video, or audio recorded products.

I acknowledge that no compensation, fee or royalty will be paid for above mentioned uses of their likeness or voice and that the Department owns all rights to the images, videos and recordings, and all derivative works created therefrom.

I understand that this consent is perpetual, that it may not be revoked, and that is binding on my child, my heirs, assigns or any other third party.

I understand that signing this Authorization does not obligate the Department to make use of any photographic or video images or voice recordings.

I release the Department, its officers, employees, agents, and assigns from any and all claims, demands, damages and liabilities arising out of, or in connection with, the use or distribution of said photographs, video or audio recordings, including but not limited to, claims of invasion of privacy, defamation, or infringement of copyright, moral rights, or rights of publicity.

This release expresses the complete agreement of the parties and supersedes all prior communications, contracts, or agreements between the parties with respect to the subject matter of this release, whether oral or written.

Date: _____

Signature of Parent/Guardian