

STANDARD PHOTO RELEASE FORM

Participant's Name _____

I hereby authorize City of Lakeland to publish the photographs taken of me, and my name, for use in the City of Lakeland's printed publications and website.

I acknowledge that since my participation in publications and websites produced by City of Lakeland is voluntary, I will receive no financial compensation.

I further agree that my participation in any publication and website produced by the City of Lakeland confers upon me no rights of ownership whatsoever. I release City of Lakeland, its Contractors and its employees from liability for any claims by me or any third party in connection with my participation.

I acknowledge that I am over the age of 18

the legal guardian of participant

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____