

Photo/Video Release Agreement

_____ County, Georgia Project name _____

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child(ren) by the Georgia Department of Human Resources.
2. This release gives the Georgia Department of Human Resources the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Department of Human Resources and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.

Name _____

Address _____



Telephone _____ Photo Description _____

Children _____ Age _____
(If photographed)

Signature _____

Date _____

Photographer or producer or witness:
