



PHOTO/VIDEO RELEASE

I, _____, give the City of North Miami unrestricted permission to take and reproduce my photograph(s) or the photograph(s) of my child, _____ (if under the age of 18). I also give my consent to the City of North Miami to publish, republish, or otherwise transmit my photograph(s) or the photograph(s) of my child in any medium for the purpose of promotions or other activities beneficial to the City of North Miami and other youth programs without compensation to me. I understand that the image(s) may be used in a composite or altered. I waive the right to inspect or approve any finished product that may be used in conjunction with the image(s). I release, indemnify, and hold harmless the City of North Miami and its administrators, employees, officers and officials from all causes of action, suits, damages, judgments and demands, in law or equity, associated with the use of the image(s).

By attending a City of North Miami event, you are entering an area where photography, audio, and video recording may occur. By agreeing to these terms, you consent to photography, audio recording, video recording and its release, publication, exhibition, or reproduction to be used for promotional purposes, advertising, inclusion on websites, social media, or any other purpose by the City of North Miami and its representatives. You release the City of North Miami, its employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication and use of interviews, photographs, computer images, video and/or or audio recordings, and you waive all rights to any claims for payment or royalties in connection with any use of these materials. You also waive any right to inspect or approve any photo, video, or audio recording taken by the City of North Miami or the person or entity designated to do so by the City of North Miami.

I agree that this release is binding on my heirs and assignees. I certify that I am at least 18 years of age, or am the parent and/or legal guardian of the child under 18 identified herein, and have the full legal capacity to execute this authorization. I have fully read, understood, and agree to each and every term contained in this release, waiver and indemnification agreement.

SIGNATURE:

Printed
Name: _____

SIGNATURE OF PARENT OR GUARDIAN:

Printed
Name: _____

Date: _____

Name of Minor Child: _____

Child's Date of Birth: _____