



**PERMISSION TO VIDEOTAPE
AND/OR PHOTOGRAPH**

Photographer Name: _____

Phone: _____

Digital Film

I _____ am 18 years or older.
(Name, please print)

I _____ am the parent or
(Name, please print)

legal guardian of _____
(Name, Age)

I understand that the City of San José may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of San José and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.** Permission is **not required** to take part in City events.

Signature

Date

Address

City, Zip

Phone

Date: _____ Place: _____

Program/Event Name: _____

Program Point of Contact: _____

Names of people in photograph (please list all names from left to right, include titles when appropriate): _____

Brief description of action/event:

