

**BOULDER COUNTY VOLUNTEER PHOTO CONSENT AND RELEASE**

By signing this form, I voluntarily consent to have my or my child's photograph taken and by this consent give permission for such photograph(s) to be published. Further, if I take and submit a photograph(s) of my child or me to Boulder County, I also give permission for such photograph(s) of my child or me to be published. I also agree that any such photograph(s) of my child or me referenced above in this paragraph may be published in any media including, but not limited to, newsletters, websites, videos, and press releases. I hereby also release and discharge the photographer of my child or me from any and all claims, including any claims for libel and/or invasion of privacy that may arise out of or in connection with the use of the photographs to which I have agreed herein.

Adult or Child's Name: \_\_\_\_\_

Print

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature (**Required**): \_\_\_\_\_

*(If volunteer is under 18 years of age, parental/guardian signature is required.)*