

MEDIA RELEASE FORM

| I, | _, grant permission to the City of Tallahassee |
|--|---|
| Police Department, to use my/my child's in media publications including: | _, grant permission to the City of Tallahassee nage (photographs and/or video) for use in |
| (Check All That Apply) | |
| <u>_</u> | ☐ - Recruiting Brochures ☐ - Magazines ☐ - |
| Website and/or Affiliates ☐- Other: | |
| I hereby waive any right to inspect or appromatter that may be used in conjunction wit is known to me or unknown, and I waive arrising from or related to the use of the imphotos/footage will remain the property of and may be used for publicity or promotion | h them now or in the future, whether that use ny right to royalties or other compensation age. I further understand that all the City of Tallahassee Police Department |
| Please initial the paragraph below which i | s applicable to your present situation: |
| I have read this release before signing belo | rstand that I am free to address any specific ting those questions in writing prior to o will be interpreted as a free and |
| I am the parent or legal guardian of | of |
| release before signing below, and I fully ur of this release. I understand that I am free this release by submitting those questions | _, the minor named below. I have read this nderstand the contents, meaning and impact to address any specific questions regarding |
| Signature | Data |
| Signature: | Date: |
| Name/Minor's Name (please print): | |



| Address: | | |
|--|---------------------------------------|--------|
| City: | Zip Code: | State: |
| Date of Birth: | · · · · · · · · · · · · · · · · · · · | |
| Signature of parent or legal guardian: | | |
| (if under 20 years of age) | | |
| Parent/Legal Guardian (please print): | | |
| (if under 20 years of age) | | |