



County of Fairfax, Virginia

PHOTO RELEASE

Date: _____ Program: _____

Description: _____

I hereby give my permission for my child/self (print name) _____ to be photographed and/or video taped by a Neighborhood and Community and Services representative or a Fairfax County government representative for use in publicizing the program mentioned above in print or electronic media. I acknowledge and agree that my participation in photographs or videos may be edited and used in whole or in part as desired for this purpose. I also acknowledge and agree that photographs and videos taken by a Neighborhood and Community Services representative or a Fairfax County government representative of me may be used on the county Web site. I agree that photographs taken by a Neighborhood and Community Services representative or a Fairfax County government representative become the property of Fairfax County without compensation to me. I also understand that any photographs may be subject to the Virginia Freedom of Information Act or the Virginia Privacy Act.

Signature: _____ Date: _____
(Signature of parent or legal guardian if person in the program is under 18 years of age.)

Print Name: _____

Address: _____