Hallandale Beach
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Human Services Department

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Commissioner

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Commissioner

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CITY OF HALLANDALE BEACH
HUMAN SERVICES DEPARTMENT/HEPBURN CENTER
CONSENT TO PHOTOGRAPH
VIDEO/PHOTO RELEASE AUTHORIZATION

I, the undersigned, give permission to the City of Hallandale Beach, and/or parties designated by the City of Hallandale Beach to photograph the person named below and use such photographs in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use.

I further consent to the use of the name of the person named below in connection with the photographs if needed by the City of Hallandale Beach.

I understand that there will be no financial compensation for my time or expenses for this consent to photograph or use of the person's name and release the City of Hallandale Beach from any claims.

DATE: _____

PRINT NAME: _____

ADDRESS: _____

_____

PHONE: _____

When subject is a minor or legally incapable to give consent:

PARENT/REPRESENTATIVE NAME: _____

RELATIONSHIP: _____

WITNESS: _____

_____ _____ _____
SIGNATURE PARENT'S/REPRESENTATIVE'S SIGNATURE DATE

HSD-ADM-08 EFF. 03/05 (Revised 3/13)