



Photo/Information Release Authorization form

Name of person in photograph

I _____ hereby give permission to Community Links Association and its employees, officers, agents and volunteers to publish my name, photograph and any other relevant information in Community Links publications (website, calendar, Facebook, Twitter, newsletter, e-bulletins, displays).

I hereby waive any rights to inspect or approve the finished materials and or photographs prior to publication and acknowledge that because my participation in publications produced by Community Links is voluntary, I will receive no financial compensation.

I hereby release, discharge and agree to relinquish Community Links and its employees, officers, agents and volunteers, from any liability as a result of any distortion, blurring, or alteration, either intentionally or otherwise, that may occur or be produced in the taking, processing, or reproduction of the finished product.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and I agree that I fully understand the content thereof.

Date: _____ Name: (please print) _____

Signature (of parent or guardian if not 18 years of age): _____

Please provide information on:

Where the photograph was taken (location, county, event information etc.)

Contact Details

Email _____

Telephone _____

Address _____

Would you like to be added to the Community Links mailing list and receive E-bulletins with sector news and other events and updates? YES