



PHOTOGRAPHY CONSENT FORM

I hereby grant full permission to the Town of Chapel Hill to use either my photograph and name (if necessary) or my child's photography and name (if necessary) in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and/or name or my child's photograph and/or name.

Name: _____

Relationship to Child: _____
(if applicable)

Child Name: _____
(if applicable)

Address: _____

City: _____

Phone Number _____

Signature: _____

Photographer's Name: _____

Photographer's Signature: _____ Date _____