

## STANDARD PHOTO RELEASE FORM - GROUP

I hereby authorize the city of Farmington to publish photographs taken of me and/or with my name, for use in the city of Farmington's printed publications and website.

I release the city of Farmington from any expectation of confidentiality in regard to the photograph and/or with my name and that I have authorized the City of Farmington to use the photographs for city publications and/or the website.

I acknowledge that since participation in publications and website produced by the city of Farmington confers no rights of ownership whatsoever. I release the city of Farmington, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

1. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

6. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

7. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

8. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

10. Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Group Name and Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_