

CITY OF WICHITA

MODEL OR PARTICIPANT PHOTOGRAPHIC RELEASE FORM

I grant permission to the City of Wichita, its agents and employees, to take photographs, video, or other images of me during the activity listed below and to use the images in any media at any time and for any public purpose as reasonably determined by the City of Wichita. I hereby waive any right to inspect or approve the finished photographs, video, or other images. I further waive any right to royalties or other compensation arising from or relating to the use of the images.

Activity photographed:_____

Name(printed)_____

Address_____

Signature_____

Date_____

Parent or Guardian Approval (If model is under 18 years of age at time of photography or release):

Name(printed)_____

Signature_____

Date_____