



City of Lake Elsinore Photo Release

I, (parent's name, please print) _____, give the City of Lake Elsinore, Community Services Department, the absolute right and permission to use my child's photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion. I release the City of Lake Elsinore, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Child's Name _____

Parent's Signature _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date _____