



CITY OF IRVINE

PHOTOGRAPH/VIDEO RELEASE

NAME*

ADDRESS* PHONE*

CITY STATE ZIP EMAIL*

PHOTOGRAPHER/VIDEOGRAPHER NAME*

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SIGNATURE* DATE

PHOTO/VIDEOGRAPHER SIGNATURE* DATE

I am legally under age, my undersigned parent(s) or legal guardian(s) hereby consents, jointly and severally, to the above.

PARENT/GUARDIAN NAME*

PARENT/GUARDIAN SIGNATURE* DATE