

LAKE COUNTY PHOTO AUTHORIZATION  
RELEASE OF RECORDS FORM  
VIDEO/PHOTOGRAPH/AUDIO

1. I \_\_\_\_\_ hereby grant to Lake County and its personnel the right to record and/or photograph and perpetually use voice, picture, portrait and/or likeness, of (Print names for Yourself &/or of Minor)

\_\_\_\_\_  
\_\_\_\_\_

- in and on any and all productions and/or County web sites for any County purpose.
2. I understand that there shall be no monetary compensation for my participation in any production.
3. I understand that nothing herein obligates Lake County to use my voice, picture, portrait and/or likeness in any production.
4. I release Lake County, its officers, directors and employees from any and all liability or damages resulting from the use of my voice, picture, portrait, or likeness, in the manner described herein.
5. By my signature below, I expressly waive any and all privacy rights I may have in the above mentioned tapes and/or photographs which would otherwise have been accorded to these tapes and photographs under the laws of Florida.

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

\_\_\_\_\_  
Signature of parent or legal guardian Date  
(IF MINOR)

\_\_\_\_\_  
Signature of Witness Date

\_\_\_\_\_  
Signature of Witness Date

\_\_\_\_\_  
Signature of County Authority Date

**TWO WITNESS OR VERIFICATION BY COUNTY AUTHORITY IS REQUIRED**

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