PHOTO RELEASE FORM

I hereby grant the City of Lowell permission to use my likeness in a photograph in any and all publications for Government or nongovernment purposes, including web site entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the City of Lowell and will not be returned.

I hereby irrevocably authorize the City of Lowell to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the City of Lowell's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the City of Lowell from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I agree to indemnify and hold the City harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death or property damages of any nature whatsoever and by whomsoever made, arising out of the photographed activities in which I am taking part.

Signature/Date

_____

Printed Name/Date

_____

Address

_____

City State Zip Code

_____

Phone

_____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent or Guardian's Signature/Date

_____

Parent or Guardian's Printed Name/Date

_____

Privacy Act Statement: This information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorizing acceptance of the information requested on this form. The data you furnish will be used only to provide the City of Lowell with contact information pertaining to this release form.

PLEASE RETURN THIS FORM TO:
ALLEGRA WILLIAMS, NEIGHBORHOOD PLANNER, 375 MERRIMACK STREET, LOWELL, MA 01852
OR BY EMAIL TO SUSTAINABILITYSNAPSHOTS@LOWELLMA.GOV BY SEPTEMBER 15TH, 2011.