**PASSAIC COUNTY**

**PHOTO & VIDEO RELEASE AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Individual”) hereby authorize the County of Passaic to record, film, photograph or videotape my likeness, statements, performance, movement, work and/or experiences in any form; and

I authorize the County of Passaic to use, edit, alter, distribute, publish, exhibit, copy and/or reproduce my image, voice, performance, movement, work, experience, and/or name for any lawful purpose in any medium, including but not limited to social media platforms, web-communications, publications, documentaries, videos, press releases, and/or any other electronic, digital or printed media; and

I waive any privacy expectations that I may have in connection with any recording, photograph, film, audiotape and/or videotape taken by the County of Passaic. I further waive any right to inspect or approve final use of such materials; and

This consent is irrevocable and given without compensation. Any recording, photograph, film, audiotape and/or videotape taken by the County of Passaic will become property of the County of Passaic. I forfeit and/or permanently relinquish to the County of Passaic any and all interests that might be claimed in any of these depictions by me, or any agent, heir, assign, and/or third party; and

The County of Passaic is under no obligation to use or retain any recording, photograph, film, audiotape and/or videotape of me; and

I expressly agree to release, hold harmless, and indemnify the County of Passaic, its Board of Chosen Commissioners,  employees, officers, agents, and assignees against any known or unknown claims of liability or damages that could arise in connection with this consent.

By signing this form, I understand and agree to the foregoing terms.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: If under 18, PARENT/GUARDIAN MUST SIGN**

**Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**