



## PHOTO RELEASE

### Authorization for Minor

As the parent/guardian of \_\_\_\_\_, I hereby authorize and give permission to the City of Santa Clarita and its agents to photograph the image of the minor listed above. I understand that any photos taken may be used by the City as part of printed materials, brochures, or other publications of the City. Photos may also be used with media for displays or other uses, as the City deems appropriate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

### Authorization for Adult

I, \_\_\_\_\_, hereby authorize and give permission to the City of Santa Clarita and its agents to photograph my image. I understand that any photos taken may be used by the City as part of printed materials, brochures, or other publications of the City. Photos may also be used with media for displays or other uses, as the City deems appropriate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail to:** Susie Cordova  
City of Santa Clarita Community Center  
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Santa Clarita, CA 91321

**Email:** [scordova@santa-clarita.com](mailto:scordova@santa-clarita.com)