

# NAME & PHOTO CONSENT FORM



I authorize the City of Shakopee to use my name and photographic image and the name and photographic image of the minor child(ren) I have listed below in any published or reproduced City materials in accordance with the following terms:

I understand that my name and photographic image and those of the minor child(ren) I have listed on this consent form may be used in a City publication, print advertisement, direct-mail piece, electronic media (e.g., video, Internet, website, social media) or any other form of City communication, and the same may be provided by the City to any third-party media outlet.

In giving my consent, I hereby release and hold harmless the City of Shakopee and its agents, employees, officials, representatives and contractors from any and all responsibility or liability or damage of any kind suffered in any manner whatsoever arising out of the use of my name and my photographic image and those of the minor child(ren) I have listed on this consent form.

I understand that I am not required to consent to the use of my name and photographic image and those of the minor child(ren) I have listed on this consent form, and I further understand that there will not be a consequence for refusing to consent.

I hereby relinquish any and all personal or proprietary rights I may have in connection with such use of my photographic image or the photographic image of the minor child(ren) I have listed on this consent form. I understand that neither I nor the minor child(ren) listed will be compensated should my name or photographic image or those of the minor child(ren) listed be used by the City.

\_\_\_\_\_  
Full name (please print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If providing consent for a minor child(ren), please complete the following: As the parent or legal guardian of the child(ren) listed below, I have read this consent form and explained its terms to said child(ren). I have the legal authority to provide such authorization and consent on behalf of said child(ren).

Name(s) and age(s) of minor child(ren) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
*For City of Shakopee use*

Photo taken: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Photographic Image Description (Event/location; a photocopy of the image may be attached)