



## Photo/Video Release Form

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

**Description:** \_\_\_\_\_

I give my permission for my child/myself (*print name*) \_\_\_\_\_ to be photographed and/or videotaped by a Fairfax County government representative, or media for use in publicizing the above mentioned program in print or electronic media. I acknowledge and agree that my participation in photographs and videos may be edited and used in whole or in part as desired for this program, which may be produced duplicated, distributed and used for informational purposes. I also acknowledge and agree that photographs and video taken by Fairfax County government representatives of me may be used in county government publications and on the county Web site. I understand that photographs become the property of Fairfax County without compensation to me. I also understand that any photographs may be subject to the Virginia Freedom of Information Act and the Virginia Privacy Act.

Signed \_\_\_\_\_  
(*Signature of parent or legal guardian if person in program is under 18 years of age.*)

Print Name \_\_\_\_\_

Address \_\_\_\_\_