



CENTRAL COUNTY FIRE DEPARTMENT

Photo Release Form

- 1) I, the undersigned, hereby authorize the Central County Fire Department (CCFD), its employees or agents, to photograph me, take motion pictures of me, take videotapes of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).
- 2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by the Central County Fire Department (I understand that I may be identifiable from such photographic or electronic reproductions.)

Agreed and accepted by:

Print Name

Title

Address

City, State, Zip

Phone and email

Signature & Date

I am signing this form as an individual or a representative of a group

Name of the group _____