



**PHOTOGRAPHY, VIDEOGRAPHY & AUDIO RECORDING RELEASE FORM**

I give permission to LIVEfree Project to take and use photographs, video recordings and/or audio recordings of myself and/or my children for publication, exhibition, reproduction in promotional materials, advertising, websites, social media, or any other purpose deemed appropriate by LIVEfree Project & their partners. I understand that the footage/images may be used in the future and I agree there is no payment due to myself or my children now or in the future for my participation or use of the footage/images.

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I have read and understood the above release and fully understand it's content:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

If above person is under 18, a signature of the parent or guardian is also required:

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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*For LIVEfree Project use only*

If initial engagement was via virtual technology and verbal consent has been given, please write "VERBAL CONSENT OBTAINED" next to signature.

Staff Members Name: \_\_\_\_\_

Signature: \_\_\_\_\_