



PHOTO RELEASE FORM

I hereby authorize Bexar County to use my likeness in photograph or video for any and all of its publications, including but not limited to printed and digital publications. I understand and agree that any media using my likeness will become property of Bexar County and will not be returned.

Name of person photographed, recorded or interviewed	
Address, City, State, ZIP code	
Phone number/email	
Signature	Date
Parental consent or legal guardian, if the above person is a minor: I agree and consent as a parent or legal guardian of the minor listed above, to the foregoing terms and provisions.	
Signature	Date
Printed name/relationship	
Photographer	Image No.
Event/Location	