



CONSENT FOR AUDIO/VIDEO RECORDING RELEASE

I consent to being recorded or photographed and the use of these photographs or recordings to be used singularly or in conjunction with other photographs and/or recordings for public information or other outreach purposes by [Agency Name]).

[Agency Name] will not use or authorize use of these recordings or photos for commercial purposes.

Further, I understand that others, with or without the consent of [Agency Name], might use and/or reproduce such recordings. I release [Agency Name] and the State of Washington from all claims on account of such use.

Your Name Today's Date

For participants under 18 years of age:

I, _____ (print) am the parent/legal guardian of the child or children listed below. I have read this release and consent to its terms on behalf of the listed child/children.

Parent/Guardian Name Today's Date

Child's name: _____