

CITY OF PLAINFIELD
INFORMED CONSENT/WAIVER

A. I, _____, **hereby authorize** the City of Plainfield and/or it's authorized designee, to record, tape, film, photograph, digitize, or otherwise preserve in permanent form the name, likeness, image, biographical material, voice and/or performance of myself. I further agree and understand that all such images herein referenced shall become the sole property of the City of Plainfield.

B. I, _____, am the parent or legal guardian of the minor child named below, and **hereby authorize** the City of Plainfield and/or it's authorized designee, to record, tape, film, photograph, digitize, or otherwise preserve in permanent form the name, likeness, image, biographical material, voice and/or performance of the minor named below. I further agree and understand that all such images herein referenced shall become the sole property of the City of Plainfield.

C. Notwithstanding any language to the contrary, I _____, do hereby **DENY** to the City of Plainfield, its designee(s), agents and/or employees, authorization to record, tape, film, photograph, digitize or otherwise preserve in any form the name, likeness, image, biographical material, voice and/or performance of the minor named below.

D. I **agree/disagree** that any such records and/or images of any kind as hereinabove referenced may be used in whole or in part for broadcast, cablecast, multimedia productions, internet distribution, closed circuit exhibition, illustration, promotional purposes, educational distribution and/or other form of publication as deemed fit by the City of Plainfield, in perpetuity, throughout the world.

E. I **release/do not release** the City of Plainfield, its agents and/or employees from any and all claims for royalties, fees or other compensation for myself or the below named minor's performance, if applicable and the use of such media and agree to hold the City of Plainfield harmless from any and all claims or liability arising therefrom.

Signature _____ Date _____

Signature _____ Date _____
(Parent/Guardian of minor)

Name of minor recorded _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone () _____ - _____ Evening Phone () _____ - _____

For Office Use Only

Date _____	Activity _____	Location _____
------------	----------------	----------------