



Photo Release Permission Form

Event: _____

Location: _____

Date: _____

I authorize Cambria County to take photographs of me or my child, as indicated below, in connection with the above-identified event. I authorize Cambria County, its assigns and transferees to use and publish the same in print and/or electronically.

I agree that Cambria County may use such photographs of me or my child, as indicated below, with or without identification for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

Signature of person photographed
(or signature of parent of minor child)

Printed name of person(s) photographed

Date

Address

Telephone