



Behavioral Health & Recovery Services

**AUTHORIZATION AND CONSENT TO RECORD AND PUBLISH
STANISLAUS COUNTY**

I hereby give permission to Stanislaus County to record and capture images and/or sound by means of video, film, still photography, audio recording and any other mechanical means of recording and reproducing images or sound and permission to use other designated persons to record and publish images and/or sound of _____.

Name of individual

Stanislaus County may use and permit other persons to use the media prepared from such photos, video and recordings for the purposes and manner as either may deem appropriate. I agree the photographs, video and other recordings may be shared with County staff, and members of the public for educational, public relations, advertising, charitable or other purposes and that this may be accomplished in any manner. I hereby waive any right to compensation for these uses and permit the County unlimited use of these recordings. I, and any of my successors or assigns, hereby hold Stanislaus County harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

The term "record," as used in this agreement, shall mean to capture images and/or sound by means of video, film, still photography, audio recording and any other mechanical means of recording and reproducing images or sound.

Date: _____

Name printed: _____

Time: _____

Signature: _____

(if under 18, Parent/Guardian must sign)