

Ozaukee County Arc
P.O. Box 526
Port Washington, WI 53074-0526
Phone: 262-376-9503

CONSENT FOR RELEASE OF PHOTOGRAPH

I, _____, Date of Birth, _____

Authorize the Ozaukee County Arc (OCArc) to use my picture for publication on the OCArc website.

THIS RELEASE EXPIRES UPON THE FULFILLMENT OF THE PURPOSE FOR WHICH THIS RELEASE WAS ENACTED AND IN ANY EVENT, SPECIFICALLY EXPIRES ONE YEAR FROM THE DATE OF SIGNATURE.

I acknowledge that this consent was given of my own free will.

Dated this _____ Day of _____, 20_____

Signature of Client

Witness

Signature of Parent / Legal Guardian / Authorized Representative

Please mail this completed and signed form to OCArc at the address given at the top of this form.