



IMAGE RELEASE AUTHORIZATION

LOCATION: _____

I hereby grant permission to First 5 Alameda County and/or First 5 California and the First 5 Statewide Evaluation, to use my or my child/children's images captured though video, film and digital camera in any media and in any official First 5 Alameda County and/or First 5 California and the First 5 Statewide Evaluation publications and display without further consideration, and acknowledge First 5 Alameda County and/or First 5 California and the First 5 Statewide Evaluation's right to crop or adjust the images at its discretion.

I understand that neither I nor my child/children will be paid for such images, and I agree not to make any claims against First 5 Alameda County and/or First 5 California and the First 5 Statewide Evaluation relating to or arising out of the taking of such images or any use of such images by First 5 Alameda County and/or First 5 California and the First 5 Statewide Evaluation. I also understand that my child's name will not be used with the images or in any publications.

I agree to indemnify and hold harmless from any claims the following:

- First 5 Alameda County
- First 5 California
- First 5 Statewide Evaluation
- All employees within the First 5 Alameda County, First 5 California and the First 5 Statewide Evaluation

Complete only appropriate fields.

NAME/S OF CHILDREN IN IMAGE:

First Name	Last Name

NAME OF PARENT/GUARDIAN:	First Name	Last Name
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NAME OF CHILD CARE PROVIDER:	First Name	Last Name
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ADDRESS OF FAMILY OR CHILD CARE PROVIDER

STREET NUMBER	STREET NAME	CITY	ZIP	PHONE:
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Signature

Date: