

# Photo Release Form

I hereby grant to you, Washington Toxics Coalition (WTC), Safer Chemicals Healthy Families (SCHF) and SAFER States, permission to record my name, and photo image on websites and outreach materials.

I understand that any photo will be used with the highest integrity and discretion, with the intent to communicate responsibly and ethically, the subject matter contained herein. At any time, I can contact WTC, SCHF or SAFER and request that they discontinue use of my photo.

I represent and warrant that I have read this release prior to signing it and understand its contents, and am authorized to grant the permission set forth herein.

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF THE ABOVE REFERENCED PERSON IS UNDER 18, PLEASE HAVE A LEGAL GUARDIAN SIGN HERE:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_