



Broward County
OFFICE OF PUBLIC COMMUNICATIONS

MODEL AUTHORIZATION AND RELEASE FORM

I, the undersigned, in consideration of the granting of permission by Broward County Government, through the

_____, for my participation in the production/project known as
COUNTY AGENCY

_____ do hereby stipulate and agree as follows:
NAME OF PROJECT

1. I hereby grant and authorize the Broward County Commission through its production agents, successors and assignees, including any person acting under its permission and authority, the unqualified right, privilege and permission to reproduce my picture on photographs, film, transparencies, or any other manner or form of reproduction including any voice-overs or video clips from this entry, or the entire video; to use the same for any purpose; including unrestricted use for purposes of publicity or promotion; to copyright or otherwise legally register the same in the name of Broward County or its agents, successors and assignees, if deemed desirable in the sole discretion of Broward County; and to use my name, likeness, biographic or other information concerning me in connection thereto.
2. I hereby grant, assign and transfer to Broward County government, or its production agents, successors or assignees, all my rights and interests therein. I, for myself, my heirs, executors, administrators and assignees, hereby remise, release and discharge Broward County, its agents, successors and assignees, for and from any and all claims of any kind whatsoever on account of the use of such photographs of me including but not limited to any and all claims for damages for libel, slander and invasion of the right to privacy.
3. I further acknowledge that I am not to receive any financial benefits from the use of my photo in any County publication, video or film.
4. Check the applicable box:
 - I am eighteen (18) years or more of age, of sound mind and have read and understand this authorization and release.
 - The subject child is a minor and as the parent or legal guardian, I consent to the authorization on behalf of child.

Print Name

Date: _____

Signature