PHOTOGRAPHY RELEASE FORM

I,, the parent o	r legal guardian of	, release
Tulare County Association of Governments ("TCAG") and T	CAG's assignees, licensees, successors, and	affiliated agencies and
partners from any claims that may arise regarding the use of	of my child's image, including any claims of def	amation, invasion of privacy,
or infringement of moral rights, rights of publicity, or copyrig	ht. TCAG is permitted to publish my child's ima	age for any legal use,
including but not limited to: publicity, copyright purposes, illu	ustration, advertising, and web content. TCAG	is permitted to include my
child's name in connection with the image. I understand that	t no royalty, fee, or other compensation shall b	ecome payable to me by any
reason of such use.		
I understand that it is my responsibility to update this form in		
and understood this agreement and I am over the age of 18	3. This Agreement expresses the complete unc	derstanding of the parties.
I DO PERMIT TCAG'S USE of my child's image for the above stated purposes and conditions.	I DO NOT PERMIT TCAG'S USE of my child's image for the above stated purposes and conditions.	
Parent/Guardian Name:	Date: _	
Parent/Guardian Signature:	Phone Number:	
Relationship to Minor:	Address:	
Obitella Nama		
Child's Name:		