



Safe Routes to School National Partnership PHOTO WAIVER

Requested by: Safe Routes to School National Partnership

Date: _____

I hereby irrevocably consent to and authorize the use and reproduction by the Safe Routes to School National Partnership (SRTSNP), or anyone authorized by them, of any and all photographs which have been taken of me and submitted to the SRTSNP. The photographs may be used for any purpose authorized by the SRTSNP, including but not limited to: web site use, editorial publication, catalog and advertising use.

I am over 18 years of age. Yes _____ No _____

Model's Legal Name _____

Address _____

Phone number _____ Email address _____

Signature _____ Date _____

If the model is under 18 years of age, consent must be given by a parent or legal guardian as follows:

I hereby certify that I am the parent or legal guardian of

I hereby give my consent without reservations to the foregoing on behalf of the model listed above.

Name _____

Relationship _____

Signature _____ Date _____