



PHOTO AND /OR VIDEO RELEASE FORM

I, _____ give permission to Safe Parking LA, and media outlets covering SPLA, the right and permission to publish or use photographic and /or video portraits and picture of me, in which I may be included in whole or part, in conjunction with my name or a fictitious name or reproductions thereof in color or otherwise, made through any media, for art, education, advertising, or any lawful purpose whatsoever. I also grant Safe Parking LA the same right and permission to use any statements or testimonials made by me.

I may choose to have my name and specific information changed when using my testimonial to protect my confidentiality.

I understand that there will be no financial or other remuneration for photographing me. I waive any rights, claims or interest I may have to control the use of my identity or likeness.

I also understand that Safe Parking LA will make every effort possible to inform me when and how my images and statements will be used.

Print Name: _____ Date: _____

Signature: _____

A parent/Guardian must fill out this section if the above **person is under the age of 18** and/or not able to fill out this form.

Parent/Guardian: _____

Signature: _____ . Date: _____

12/16/2022