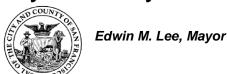
City and County of San Francisco



Human Services Agency

Department of Human Services
Department of Aging and Adult Services

Trent Rhorer, Executive Director

PHOTO RELEASE FORM

I hereby grant the San Francisco Human Services Agency (hereinafter referred to as "**HSA**") to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of HSA and will not be returned.

I hereby irrevocably authorize HSA to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge HSA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHIOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Print Name:	_
Signature:	Date: / /
If under 18, both parents must sign individually and as parent/guardian.	
I hereby certify that I am the parent or guardian of	of:
(child's name)	vithout reservation to the foregoing on behalf of this
Parent Signature:	Date://
Parent Signature:	Date://