



RELEASE FORM

I authorize the Lake County Solid Waste Management District (District) and those acting within or under its authority, to, at no charge:

- Record my, and/or my child’s participation, appearance or performance, on video tape, audio tape, film, photograph or any other medium;
- Use my name, and/or my child’s name, likeness, voice and biographical material in connection with these recordings.
- Copy and distribute the recording in whole or part by the Lake County Solid Waste Management District, and those acting within or under its authority as they deem appropriate in perpetuity.

I understand that I, or my child, will not receive any compensation for the distribution of this recording and my and/or my child’s appearance or performance through the Lake County Solid Waste Management District. I also understand that the Lake County Solid Waste Management District is not obligated to broadcast or distribute my and/or my child’s appearance or performance, and that any use that the Lake County Solid Waste Management District may make of my and/or my child’s appearance or performance is at its sole discretion.

Your Name _____

Child(ren)’s name(s) _____

Signature _____

E-mail _____

Address _____

Phone _____

Date _____