



**Senate District 14, Class of 2023 Graduate Recognition Activity
Contact Information 2020**

Name of Student:

School:

Home Address:

Telephone:

Email:

Name of Parent/Guardian:

Telephone:

Email:

Photograph Release Agreement

I, _____ ("Participant"), voluntarily elect to participate in the **Senate District 14, Class of 2023 Graduate Recognition Activity for inclusion of my photograph and academic accomplishments, (Middle School, High School or College) on Senator Anna Caballeros' social media platforms (Facebook, Twitter)**, coordinated by the office of Senator Anna Caballero. The Photos will be posted on our social media platforms between: **June 1, 2023 to Tuesday, June 30, 2023**. In consideration for being permitted to participate in this activity, I hereby acknowledge and agree to the following:

Photograph and Video Release: I grant the State permission to take photographs of me and to record me in any audio, audio-visual, video, or other media ("Photograph") in connection with my participation in this activity. I grant the State the nonexclusive, irrevocable right to use my name, voice, likeness, or image, as captured on or in the Photograph, for any legislative purpose and in any form. This may include posting the

Photograph on an internet website of the State or on a social media page maintained with legislative resources, or using the Photograph in a Senator's newsletter

Participant's name: _____

Signature: _____ **Date:** _____

If Participant is under 18 years of age or under legal guardianship, the following section must be completed by his or her parent or legal guardian:

I certify that I am the parent or legal guardian of the Participant. I have read this Agreement and fully understand and agree to its terms. By signing this Agreement, I, for myself and the Participant, (a) give permission for the Participant may participate in this activity, (a) grant the State the right to photograph and record the Participant and use the Participant's name, voice, likeness, or image. I sign it freely and voluntarily without any inducement.

Parent or legal guardian's name: _____

Signature: _____ **Date:** _____