



**COMMUNITY ACTION PARTNERSHIP
OF SAN BERNARDINO COUNTY**

RELEASE FORM

I (We) _____, _____, as individual(s)/parents/guardians give permission to Community Action Partnership of San Bernardino County to photograph/video myself (us), and/or my (our) children

_____, _____, _____, _____, to use the video/photograph(s) for non-profit funding requests and promotional items such as brochures, flyers, website/social media posting, videos, newspaper, cable and television, etc.

This authorization may be revoked at any time in writing by the undersigned.

(Client Signature)

(Date)

(Client Signature)

(Date)

(Witness Signature)

(Date)