



CLEAR HILLS COUNTY

PHOTO RELEASE FORM

I hereby grant permission to *Clear Hills County* to use photographs and/or video of me taken on _____ at _____ in Calendars, publications, news releases, Social Media, and in other communications related to the mission of *Clear Hills County*

(Signature of Adult, or Guardian of Children under age 18)

Name _____

Address _____

Phone (day) _____ (evening) _____

Email Address (optional) _____

Thank you!