



Photo Release Form

Aging and Disability Services
Seattle Human Services Department
700 5th Ave, 51st Floor
PO Box 34215
Seattle, WA 98124-4215

Permission to Use Photograph

Subject: _____

Location: _____

I give permission to Aging and Disability Services, Seattle Human Services Department, and its sponsors to use and reproduce, exhibit, and distribute my likeness in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I have read this statement and am familiar with its contents. I understand that the use of my comments and image is only to promote Aging and Disability Services programs, and for training purposes.

Signature _____ Date _____

Printed name _____

Address _____ Zip _____

Signature, parent or guardian (if photo subject is under age 18):
