



CITY OF DETROIT

Photography / Audio/Video Release Form

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I have read this release before signing. I understand its contents, meaning and impact and I freely accept the terms.

PLEASE PRINT

Event: _____

Recording Date: _____

Name: _____

Address/City/State/Zip: _____

Phone: _____

Email: _____

Age/Date of Birth: _____

My signature signifies that I agree to the terms outlined above.

Signature of Parent or Guardian if child is under the age of 18
