

Date _____

Photographic Release

I hereby give consent for the use of my picture taken by **FHN staff** to be used in publications, publicity, and/or advertising as desired by FHN, Freeport, Illinois. I am aware of my right to request cessation of recording or filming once it has begun as well as the right to rescind this consent until such time the images are used.

X _____
(Photographed – Please Print Name)

(Witness)

X _____
(Signature & Date)

(Address and/or telephone number)

Photographic Release (Guardian of a minor child under 18)

As guardian of _____, I hereby give consent for the use of his/her picture taken by FHN staff, to be used in publications, publicity, and/or advertising as desired by FHN, Freeport, Illinois. I am aware of my right to request cessation of recording or filming once it has begun as well as the right to rescind this consent until such time the images are used.

X _____
(Legal Representative – Print Name)

(Witness)

X _____
(Signature & Date)

(Address and/or telephone number)

Notes:
