



LOWER PAXTON TOWNSHIP PHOTO RELEASE FORM

I hereby grant permission to Lower Paxton Township to use photographs and/or video of me taken on

DATE: _____

LOCATION: _____

I understand that these photos and/or video may be used in publications, news releases, online, and in other communications related to the mission of Lower Paxton Township.

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

Name _____

Address _____

Phone (day) _____ (evening) _____

Email Address (optional) _____

Thank you!