



## 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.

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Thank you!