



## Photo consent form

The Duvall Police Department does not publish pictures of minors without parental consent.

### Consent

I give consent to the Duvall Police Department to make, use and/or retain an image/s as detailed below that may identify me, my child or an individual for whom I have authorized decision-making responsibility.

I understand that I can withdraw or modify my consent at any time in writing to Sergeant Lori Batiot/ 206-391-3306/ POB 1500 Duvall, WA 98019/ fax 425-788-1519 or lori.batiot@duvallwa.gov.

### Conditions/limitations

If you have any restrictions you want to apply to the use of your personal information, you should list them here (e.g. cultural considerations, usage restrictions, expiry of consent, etc):

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### Undertakings

I understand that by giving consent, the Duvall Police Department can use the image/s to promote the City of Duvall, the Duvall Police Department, and related events. The Duvall Police Department and the City of Duvall may reproduce the image/s in any form, in whole or in part, and distribute the works by any medium including the Internet, CD-ROM or other multimedia. I understand that the images are considered public records, which may have to be disclosed pursuant to a public records request under RCW 42.56.

I understand that City of Duvall and the City of Duvall

- will not pay me for giving this consent or for the use of image/s;
- may keep the image/s on record until I revoke my consent, with the exception of those already published;
- will return or destroy images if I withdraw this consent, with the exception of those already published;
- may use the image in the future, unless I specify limitations for its use; and
- will not infringe the rights of any third party by exercising its rights given in this Consent.

### Description of image and/or recording

Please specify as much detail as possible:

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### Participant details

For the purposes of this consent form, the person whose image/s is used is known as “the Participant”.

Full name of Participant/Minor:		Date of Birth:	
Telephone:		Email:	
Address:			
Full name of guardian (if consenting for a minor or a person with a decision making disability):			
Signature:		Date:	