

PEACHTREE CITY POLICE DEPARTMENT



LIKENESS WAIVER

Release and Waiver of Liability

I, _____
(Please print name)

(Check one) ☐ am an adult 18 years of age or older.

☐ am the parent/legal guardian of a minor child listed below.

I authorize the Peachtree City Police Department and City of Peachtree City to use my name and display my image and likeness (or the likeness of the minor child listed below) on the Police Department's website or media publications, brochures, broadcasts, telecasts or news paper articles.

This authorization shall remain in effect until revoked by me in writing.

By offering my signature below, I acknowledge acceptance of this waiver and agree to allow the use of my (or said minor child's) likeness from any photos or video taken that specifically involve activities related to the Peachtree City Police Department Community Emergency Response Team (CERT) programs.

I understand that the photos or video could be used to advertise and/or promote the Police Department's community relations activities.

Adult or Parent/Legal Guardian Authorizing Signature

Date

Minor Participant Name (please print)

Witness Signature

Date