Fire Depa	ırtment
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Video, Photo, and Sound Files Usage Consent Form

I,	(print name) give consent to
	Fire Department to use my
forms and media in the video and straining, education, recruitment, up	visual likeness, voice, and oral statements in all sound files obtained on/ for ploading, downloading, and any other lawful attinuous and I can withdraw this authorization in
I understand and agree that I will name and photographic or audio/vi	not be compensated in any way for the use of my isual likeness.
By signing this form, I waive and i	release the Fire Department and his/her/its officers,
	any claim or liability relating to the use of my otographic image, audio/visual image and oral or
I freely and knowingly give my co	nd I have read and understand this agreement and insent to the Fire Department as described herein.
Name (print):	
Address:	
City:	State: ZIP:
Phone:	
Signature:	
Date:	
Fire Department Representative:	
Date:	