



PHOTO RELEASE FORM

Name: _____

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Phone: _____ e-mail: _____

Event: _____

Description of you in the Picture: _____

I give authorization for the Committee for Allan Fung / Fung for Mayor Campaign Permission to use my image and likeness for promotional purposes such as their website, advertising and political paraphernalia:

____ YES ____ NO

Printed Name

Date

Signature

Date

If you are a Minor-(under 18 the day this is taken) you MUST obtain your parent / guardian's permission for us to use your image.

Fax to: 401.632.4961