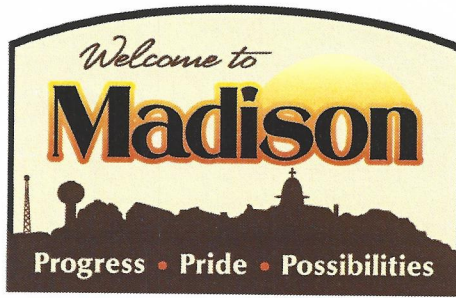


City of Madison  
211 South Lincoln Street  
P.O. Box 527  
Madison, Ne 68748-0527  
Office: 402-454-3412  
Fax: 402-454-2262  
[www.madison-ne.com](http://www.madison-ne.com)



Mayor~ Alvin Brandl  
Council Members~  
Robert Jurgens  
Paul Kellen  
Rob Fite

## PHOTO RELEASE/LIBERACIÓN DE FOTOS

I hereby authorize the City of Madison to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the City of Madison's printed publications and website.

I release the City of Madison from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the City of Madison to use their photographs and names.

I acknowledge that since participation in publications and websites produced by the City of Madison is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by the City of Madison confers no rights of ownership in such media. I release the City of Madison, its contractors, boards and its employees from the liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First & Last Name (print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Check Box:  I \_\_\_\_\_ (Parent/Guardian) do not authorize the City of Madison to take or use photos of my child in any city program or publication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_