

**Your Housing Authority Name**

Your Housing Authority Address

***Permission to Use Photograph***

Event:

Location:

I grant to the \_\_\_\_\_ the right to take photographs of my family and me in connection with the above-identified event. I authorize the housing authority, its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that the housing authority may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)