



www.arizonaschildren.org

PHOTO AND WRITTEN MATERIAL AUTHORIZATION

We / I, the undersigned hereby authorize Arizona's Children Association to Photograph / Video Tape our / my child or children and or ourselves/myself. The purpose of this photograph / Videotape is:

Specific information on the material is: _____

Date of Publication or Production: _____

Name of Publication: _____

Specific information on the material is: _____

Date of Publication or Production: _____

Name of Publication: _____

Specific information on the material is: _____

Date of Publication or Production: _____

Name of Publication: _____

Arizona's Children Association will own the material and will not lend or sell any materials to other not-for-profit or corporations and will only use the agreed material for the purpose stated above. I hereby release Arizona's Children Association from all claims for damages or any claim based on the use of Photograph / Video Tape / Audio Tape / Written Materials.

Individual's Name: _____

Signature: _____ Date: _____

Client / Parent / Legal Guardian

This Authorization expires on: _____

Day, Month, Year (Required)

Copy of Disclosure must be sent to Medical Records if Individual is a client of Arizona's Children Association to be filed in client's Medical Record.

If Individual is not a client of Arizona's Children Association, this form must be returned to:

Marketing Department
Arizona's Children Association
711 E. Missouri, Suite 200
Phoenix, AZ 85014
Phone: 602.234.3733 x 2111
Fax 602.248.8150