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## 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  
3636 N. Central Ave, Suite 200, Phoenix, AZ 85012  
Phone: 602.234.3733 x 2111  
Email: Marketing@arizonaschildren.org