

## City of Jacksonville, Florida



### Voice and Image Release Form

I hereby grant to the City of Jacksonville and Revitalize Arlington, Inc., their respective licensees, successors and assigns (herein collectively called the “Licensed Parties”), the right to perpetually use, publish and copyright my name, voice, picture, portrait, likeness, occupation and testimonial in all media for the City of Jacksonville and Revitalize Arlington, Inc.

I understand there will be no monetary compensation for my participation in any advertising or promotion.

I understand that nothing herein obligates the Licensed Parties to use my name, voice, picture, portrait, likeness, occupation and testimonial in any advertising or promotion.

I release the Licensed Parties from any liability or damages resulting from the use of my name, voice, picture, portrait, likeness, occupation and testimonial in the manner described herein.

**Program: Woodland Acres Youth Athletics**

**Printed Name of Person:**

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**Signature:**

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(signature of parent or guardian if subject is under 18 years of age.)

**Date:**

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**Daytime Telephone** \_\_\_\_\_

**Questions – Contact: Kids Hope Alliance (City of Jacksonville)  
Voice 904.630.3647 | Fax 630-4983 | [kidshopealliance.org](http://kidshopealliance.org)**