



**CONSENT RELEASE FORM/LANE COUNTY GOVERNMENT**

PUBLIC SERVICE BUILDING, 125 EAST 8TH AVENUE, EUGENE, OR 97401/(541)682-4203

I, \_\_\_\_\_, give Lane County Government permission to use my likeness, name, position and information about myself for the purpose of public relations concerning Lane County. This may include my appearance on TV, radio, in public or my picture and/or a story about me in electronic or paper print identifying me as a participant in any Lane County program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature, Title

\_\_\_\_\_  
Date

I, \_\_\_\_\_, give Lane County Government permission to use the likeness, name, position and information about my dependent child, \_\_\_\_\_, a minor for whom I am the responsible party, for the purpose of public relations concerning Lane County. This may include his/her appearance on TV, radio, in public or his/her picture and/or a story in electronic or paper print identifying him/her as a participant in any Lane County program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature, Title

\_\_\_\_\_  
Date

