



**SC WRCOG ADRC
ASSISTED RIDES PROGRAM (ARP)
PHOTO/VIDEO RELEASE FORM**

Waccamaw Regional Council of Governments
1230 Highmarket Street
Georgetown, SC 29440
(843) 546-8502

Privacy Act Notice: According to Title 5, U.S.C. § 552a (Privacy Act of 1974) as implemented by the Federal Register, 32 CFR Part 505, the Assisted Rides Program, under the Waccamaw Regional Council of Governments; Final Rule, protected personal information will not be disclosed from this application to any commercial enterprise or representative thereof or to any individual outside the Assisted Rides Program. This application will be safeguarded IAW paragraph § 505.2, of subject Federal Register. Obsolete copies will be destroyed. Failure to provide requested information will result in program participation denial.

Please print and complete all sections

Name (First, Middle, Last and Maiden Name if applicable):

Mailing Address, City and Zip:

Home Phone:

Email Address:

Cell Phone:

I hereby consent to the photographing of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and video footage.

I hereby release Waccamaw Regional Council of Governments and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

I hereby grant Waccamaw Regional Council of Governments permission to use my likeness in a photograph/video, without payment or any other compensation.

I have read this release form before signing below, and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Print Name)

I have explained the above and witnessed the signing of this photo/video release form.

Witness

Date

Printed Name

Agency