



Mason City Fire Department

350 5th St SW, Mason City IA 50401-3822
(641) 421-3640 - Telephone; (641) 421-2710 - Fax



Fire Explorers Program

AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE OR LIKENESS

I hereby permit and authorize the City of Mason City and the Mason City Fire Department (hereinafter “the City”), and its employees, agents and representatives who are acting on behalf of the City to use my likeness and/or name in any photograph, image, video, motion picture, performance or sound recording (collectively referred to herein as my “Likeness”) for purposes related to its mission including advertising, publicizing or marketing its services and programs or for any other commercial or lawful purpose, and to use and license others to use it for such purposes, without any compensation to me.

I understand and agree that these materials will become the property of the City and will not be returned. I hereby irrevocably authorize the City to edit, alter, copy, exhibit, publish, or broadcast my Likeness by means of any media, including print, video presentations, television, radio and satellite transmissions or rebroadcasts, news bulletins, mailers, billboards or signs, brochures, website placements, podcasts or other digital delivery or publications.

In addition, I waive any right of privacy associated with the Likeness as well as the right to inspect or approve the finished product, including written or electronic copy, wherein my Likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my Likeness. I hereby hold harmless and release and forever discharge the City from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Please check one:

- I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.**

- I am under 18 years of age. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. Additionally, my parent or other legal guardian has read this release before signing below and fully understands the contents, meaning, and impact of this release.**

Signature of Fire Explorer

Date

Please Print Name

Phone

Street Address

City, State, Zip Code

Signature of Parent or Guardian – If Applicable

Date

Please Print Name

Phone

Street Address

City, State, Zip Code