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**Photo Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby release, authorize and give full consent to Five Acres to publish and display any photographs in which myself, my spouse and/or children appear.

It is further agreed that Five Acres may use or cause to be sued such material for, or in, visual displays, any exhibitions, internet web pages or publications for the purpose of communication to non-profit charitable partners of Five Acres and the general public, provided that Five Acres is credited when such material is used or printed.

I also acknowledge that I have received no monetary compensation for materials used pursuant to this release. I also declare by my signature below, that this testimony is factual and accurate.

**Date:**

**Your Name (Printed):**

**Names of Individuals in photograph:**

**County:**

**City:**

**State:**

**Signature:**