



HARRISVILLE CITY

363 West Independence Blvd Harrisville, Utah 84404 \$ (801) 782-4100



SHOP WITH A HERO PARTICIPATION AND MEDIA CONSENT FORM

I _____ (your full name or name of parent or legal guardian) hereby give permission for my child _____ to participate in the Shop with A Hero event held at the Harrisville Walmart on December 3, 2022.

{Special Needs}

- My child DOES NOT have Restricted Dietary or Special Needs.
- My child HAS Restricted Dietary or Special Needs that need to be considered.
See attached child information form.

{Do Not Give Permission}

I _____ (your full name or name of parent or legal guardian) **DO NOT** give permission to the City of Harrisville and its employees and participating affiliates to photograph my child during this event. I **DO NOT** consent for the posting of any images on any of the social media pages, websites or newsletters directly associated with Harrisville City and/or the event's named affiliates for promotion and informational purposes.

{Hereby Gives Permission}

I _____ (your full name or name of parent or legal guardian) **HEREBY GIVE** permission to the City of Harrisville and its employees and participating affiliates to photograph my child and place the photos on any of the social media pages, websites or newsletters directly associated with Harrisville City and/or the event's named affiliates for promotion and informational purposes. My name, age, affiliation, race, etc. and that of my child will not be included in any of these postings or printings. Only the photograph will be used as expressed within this form.

By signing this consent form, I _____ (your full name or name of parent or legal guardian) understand that the publication(s) **may** appear on the websites, in printed newsletters or on any of the social media platforms utilized by Harrisville City and the named affiliates of this event;

I further understand that, if these photographs are published on the internet, they will be accessible to millions of users across the world, that it will be indexed by search engines and that it may be copied and used by any user accessing the internet.

I also understand that, once the photo of my child has been published on the internet, the City of Harrisville and the named affiliates of this event has no control over its subsequent use and disclosure.

The information on this form is collected in order to obtain your consent to the publication of the photo(s) of your child. The information collected on this form will be used for that purpose for which you have provided, and will not be disclosed without your consent, unless authorized or required by law.

Full Name (printed): _____

Signature: _____ Date: _____

Phone: _____ Email: _____

Please note that, if you wish to withdraw your consent at a future date, you should contact the **Harrisville City Police Department** at police@cityofharrisvile.com.

Recognized affiliates for the Shop with A Hero Event: (five)

Walmart * Harrisville Police * North View Fire * North Ogden Police * Pleasant View Police

(for internal use only):

Description of photograph(s) posted to City Website/Newsletter/Social Media Page(s):

Date(s) photograph(s) posted to City Website/Newsletter/Social Media Page(s):

