



Central Illinois Film Commission

Photograph Consent Form

Parent / Guardian Information (Releasor):

Full Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Releasee Information:

Central Illinois Film Commission
2713 Bennington Drive
Springfield, Illinois, 627044

I, (Releasor), grant permission and give my consent to the **Central Illinois Film Commission** for use of the following photograph or electronic media image as identified below for presentation under any legal use:

Photo Description: _____

I, (Releasor), understand that I may revoke this authorization at any time by notifying any Board Member of the **Central Illinois Film Commission** in writing. The revocation will not affect any actions taken before the receipt of this written notification.

Images will be stored in a secure location and only authorized staff will have access to them. They will be kept and / or displayed only as long as they are relevant, and after that time, destroyed or archived.

Releasor's Signature: _____ Date: _____

Authorized Signature: _____ Date: _____
of Releasee

Each photo of a minor child must include this Consent Form. **No suggestive or explicit images of minor children will be accepted.** Anyone submitting such images will be immediately reported to legal authority.

Please send this form (one per photograph), Membership Application, and payment / information to:
CIFC • 2713 Bennington Drive • Springfield, Illinois 62704 • jall1946@comcast.net • 217.725.9125