

CAMBRIA COMMUNITY SERVICES DISTRICT PHOTO CONSENT FORM

I, _____, with a mailing address of _____
_____ (the "Releasor") hereby consent to the use of my
likeness, biography, and picture, in photographs made for the Cambria Community
Services District, as well as in publicity concerning the same, as follows:

[Select one]

I consent to the use of my name in connection with the photographs.

I do not consent to the use of my name in connection with the
photographs.

I declare being an adult and that I have the full right to make this declaration of consent.
I understand that I will not be entitled to receive any payment in consideration for the
use of details related to my person as set forth above, in the photographs pursuant to
this declaration of consent.

Revocation:

I understand that I may revoke this authorization at any time by notifying the District's
Human Resources Department 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 as long as
they are relevant and after that time destroyed or archived.

Releasor's Signature _____ Date _____