

# 10-10-10: A Day in the Life of New Rochelle

## Consent to Be Photographed and Published

I \_\_\_\_\_, consent to be photographed on \_\_\_\_\_  
by \_\_\_\_\_ while \_\_\_\_\_.

I further authorize that the photographs may be published for any purpose and in any form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

If minor, Signature of parent/guardian \_\_\_\_\_

Photo File name: \_\_\_\_\_