County of Ocean
Cultural & Heritage Commission
14 Hooper Avenue, P.O. Box 2191
Toms River, NJ 08754-2191

Timothy G. Hart
Division Director
Lindsay A. Dandeo
Assistant Director

Tel: 732-929-4779
1-800-722-0291
TTY: 732-506-5062
Fax: 732-288-7871
CulturalHeritage@co.ocean.nj.us
www.co.ocean.nj.us/cultural/index.htm

PHOTO CONSENT FORM

I hereby irrevocably consent to and authorize the County of Ocean or anyone authorized by the County of Ocean the use and the reproduction of any and all photographs taken this day of me or an individual for whom I am the legal guardian for any purpose whatsoever and without further compensation to me. The photographs and negatives shall be the property of the County of Ocean.

Photo caption:

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Signature of Subject Date

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Signature of Parent or Guardian, if subject is under 18

(_____) _____
Area Code Phone Number

_____
Signature of Subject Date

_____
Printed Name of Subject

_____
Signature of Parent or Guardian, if subject is under 18

(_____) _____
Area Code Phone Number

Special Assistance/Accommodations Available Upon Request with two weeks advance notice..