



**Hillsborough Township  
Photo Waiver - Publicity Release**

PHOTO RELEASE

I, \_\_\_\_\_, hereby authorize and consent to  
(print your name)

the use, showing and distribution of my visual image(s) submitted for the purpose of the Hillsborough Township Calendar. I understand that I will NOT receive any monetary compensation for such submission. I further understand that this image can and may in fact be used in the future by the Township, again with NO compensation paid for its use.

I give this consent with no claim for payment.

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

Phone and email: \_\_\_\_\_  
(in the event we need to contact you)