

Photographic Release

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I acknowledge and agree that any photographs and/or videos may be edited. I also agree that photographs and videos taken by the City become property of the City of Alexandria without compensation to me. I also understand that any photographs and/or videos may be subject to the Virginia Freedom of Information Act and/or the Virginia Privacy Act.

Printed Name:	Age (if minor):
Signature:	Date:
Guardian Signature:	Date:
Address:	
Email:	Phone:
1 ' '	Id(ren) be excluded from photography taken Recreation, Parks & Cultural Activities team.

