



NEW YORK CITY DEPARTMENT OF CORRECTION
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Consent to Photograph, Film or Videotape a Visitor for Non-Profit Use

Name of Visitor: _____

I hereby consent to the participation in interviews, the use of quotes, the taking of photographs, movies or videotapes.

I also grant the New York City Department of Correction the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet and all forms of social media. I also hereby release the New York City Department of Correction and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

If **under** 18 years of age:

I am a parent or guardian of the above minor, and I hereby agree to the above terms on his/her behalf.

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Address: _____

If over 18 years of age:

Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Address: _____