

# Walk On

## Release Form Volunteer

### Photo Release

I  Do Consent  
 Do Not Consent

To and authorize the use and reproduction by **Walk On** of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Volunteer, Parent, Guardian*

### Background information

Have you ever been charged with or convicted of a crime? Y N If yes, please explain: \_\_\_\_\_

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I, \_\_\_\_\_ authorize **Walk On** to receive information from any law enforcement agency, including police departments and sheriff departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize **Walk On**, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Volunteer, Parent, Guardian*