



BICYCLE COLORADO
CONSENT TO RELEASE INFORMATION AND USE PHOTOGRAPHIC IMAGES AND
LIKENESS

Name:

Date of birth:

Address:

Phone:

I hereby expressly grant to Bicycle Colorado, its affiliates (including Denver Streets Partnership), successors and assigns the right to make, use and/or publish my name, information, photographs or any other reproductions of my physical likeness for various Bicycle Colorado communications efforts, such as pamphlets, booklets, videotapes, or the organization's Internet website.

In addition, I expressly grant this right to be used for educational, marketing and/or promotional information by Bicycle Colorado for public relations, staff communications, marketing and fundraising purposes.

Your signature below will show that you have read, understand and accept the terms of this Release.

Signature: _____

Date: _____

Print Name: _____

Age: _____

For persons under the age of 18:

Parent or Legal Guardian Signature: _____ Date: _____

Print Name: _____