

**Disclaimer, Notice, and Consent to Individuals Submitting Photographs to
The Faces of Gun Violence Exhibit and Kiosk**

***BY SUBMITTING MY PHOTOGRAPHS FOR THE BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES' ("ATF") CONSIDERATION AND SHARING ANY RELATED INFORMATION, I AUTHORIZE ATF TO USE THESE MATERIALS WITHOUT LIMITATION. ATF RESERVES THE RIGHT TO REJECT ANY SUBMISSION FOR ANY REASON.**

I also understand that I must follow ATF's Criteria for The Faces of Gun Violence Submissions as seen on The Faces of Gun Violence webpage.

In addition to ATF collecting these photographs and related information for The Faces of Gun Violence exhibit and kiosk, I understand that ATF may also use the photographs and related information for other purposes, including to produce ATF press releases, documents, and social media posts for official business purposes to disseminate to the public via ATF's website or ATF's accounts on third-party websites (including, but not limited to, Facebook, YouTube, and Twitter). Providing such photographs and related information to ATF is entirely voluntary.

I understand that ATF may disclose to the public any photographs and related information that I submit to ATF. I further understand that the photographs and related information may, in some instances, be protected by the Privacy Act of 1974 (5 U.S.C. 552a *et seq.*) and that any ATF release of said information is subject to the consent provisions of the Privacy Act. I hereby release and discharge ATF and its officers, employees, and agents, from any and all claims and demands arising out of or in connection with the use of the photographs and related information.

I certify that I am at least 18 years of age (or if under 18 years of age, that I am joined herein by my parent or legal guardian) and that this release is signed voluntarily, under no duress, and without expectation of compensation in any form now or in the future. Thus, by signing below, I hereby consent to the release and disclosure to the public of any photographs and related information submitted by me on this day, the ____ of ____, 20__.

Name of Person in Photograph: _____

Submitter's familial relationship to person in photograph: _____

Print Name: _____

Signature: _____

Date: _____

If under 18, Parent or Guardian Name: _____

Parent or Guardian Signature: _____