



By signing this application, you are certifying all information provided is true. Any false information will result in disqualification. ***Your signature confirms you understand and meet all criteria and that you understand and comply with our Terms of Agreement.***

I agree to allow FCNMHP to use any photographs taken for use in public relations efforts. I hereby grant the following media release rights and permission to use all photos and videos taken of myself and/or family and I agree that I will not receive any financial compensation for advertising copy or printed matter that may be used in connection with such photographs. FCNMHP has the right and permission to take, use, reuse, publish, and republish photographic portraits of me or any minor, of whom I am legal guardian. I waive any right to inspect or approve food or any other products offered to me.

**SIGNATURE** \_\_\_\_\_

***Below for office use only.***

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APPLICATION DATE \_\_\_\_\_ APPLICATION EXPIRATION DATE \_\_\_\_\_

ID Type \_\_\_\_\_ Proof of Income Type \_\_\_\_\_

6817 Norwood Ave, Jacksonville, FL 32208 ♦ [www.fcnmhp.org](http://www.fcnmhp.org)