



Pinal County Sheriff's Office

Mark Lamb
Sheriff

PHOTO RELEASE WAIVER

I AM REQUESTING COPIES OF PHOTOGRAPHS REGARDING CASE # _____
I FULLY UNDERSTAND THAT THESE PHOTOGRAPHS DEPICT SCENES OF DEAD BODIES, WHICH
MAY INCLUDE FRIENDS OR FAMILY MEMBERS. I AM ALSO AWARE THAT FRIENDS OR FAMILY
MEMBERS VIEW ANY PHOTOGRAPHS DEPICTING DEATH SCENES OR DEAD BODIES. I ACCEPT
FULL RESPONSIBILITY FOR ANYTHING THAT MAY HAPPEN REGARDING THESE PHOTOGRAPHS
ONCE THEY ARE IN MY POSSESSION. I AGREE TO HOLD PINAL COUNTY AND THE PINAL COUNTY
SHERIFF'S OFFICE HARMLESS FOR ANY CIVIL ACTION THAT MAY ARISE FROM THE RELEASE OF
THESE PHOTOGRAPHS.

SIGNATURE DATE

WITNESS DATE

State of } _____

County of } _____

Subscribed and sworn to before me this ____ day of _____, 20 ____