



**Mural Consent Form**

I, (name) \_\_\_\_\_ acknowledge that I am the owner, or owner’s authorized representative of the property located at (address):

\_\_\_\_\_, which is located within the boundaries of the Lower Polk Community Benefit District of San Francisco.

I authorize the Lower Polk Community Benefit District, or its designee, to erect a Mural on my property. I acknowledge that I have viewed the mural design and approve all aspects of the proposed project.

I hereby release the Lower Polk Community Benefit District, employees and agents from any and all liability, claims, demands, causes of action or obligations whatsoever, know or unknown, directly or indirectly, arising out of or relating to the erection of a mural, including, without limitation, all liability claims, demands, causes of action or obligations including personal injury, death and property damage, the appearance or condition of the property during and after the completion of the mural, or from the use of photographs, digital images, videotapes, or films of the property.

I agree that if I sell the property or am no longer the owner’s authorized representative, I will notify the Lower Polk Community Benefit District within seven days.

Phone number: \_\_\_\_\_

Alternative Phone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of owner or authorized representative of the property / date: \_\_\_\_\_

\_\_\_\_\_  
Print name of owner or authorized representative of the property

