

Audio/Photography/Video Consent and Release

I hereby grant the Iowa Department of Public Health (IDPH) and its designees the right to take, use and publish photographs, films, slides, voice, video, and/or other images or representations of me for public health purposes, including public health education and outreach. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use in whole or part my image or representation as IDPH may elect. IDPH and its designees shall have complete ownership of the images and representations in which I appear, including copyright interests and I acknowledge that I have no interest or ownership in these images or representations.

I confirm that I have the right to enter into this Agreement and that IDPH has no financial commitment or obligations to me as a result of this Agreement. I expressly release IDPH and its officers, employees, agents and designees from any and all claims known and unknown arising out of in any way connected with the above granted uses and representations, including but not limited to any and all demands for compensation and any and all claims for libel or invasion of privacy.

I have read the foregoing and understand its terms and stipulations and agree to all of them:

Name (please print): _____

Signature: _____

Date: _____

Guardian's consent if minor:

I am the parent or legal guardian of _____, a minor, and hereby approve and consent to the terms listed above for taking, using, and publishing images or representations of my child or ward.

Name of parent or guardian (please print): _____

Signature of parent or guardian: _____

Date: _____

6/7/2017