

North Carolina Department of Health and Human Services

Office of Communications

Photography Release for Adult or Minor

Date: _____

I am a competent adult and authorize the **North Carolina Department of Health and Human Services** to publish photographs, video, interviews or audio recordings taken on the above date of myself and/or the minor child or children listed below and our names and likenesses for use in print, online and video based marketing materials and for the purposes of illustrating or describing programs and services.

I hereby give my consent and release and hold harmless the **North Carolina Department of Health and Human Services** from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below. I attest that my consent is fully informed and voluntarily given and that any services I receive from the Department are not conditioned upon my signing this form.

I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize the **North Carolina Department of Health and Human Services** to use their likenesses and names.

I acknowledge that neither or the minor child or children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in the **North Carolina Department of Health and Human Services** marketing materials or other publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the **North Carolina Department of Health and Human Services**, its contractors, its employees and any third parties involved in the creation or publication of the **North Carolina Department of Health and Human Services** publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: _____

Address: _____

Signature: _____ Date: _____

Relationship to Children: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____