



CONSENT FOR PHOTOGRAPHY, FILMING, VIDEO/AUDIO TAPING, TELEVISION

Name of subject: _____

I hereby give my consent for photographing, filming, video/audio taping, and/or direct transmission of television signals and release to the Health Resources and Services Administration, U.S. Department of Health and Human Services, all right of any kind included in media products in which I appear.

This is a full release of all claims whatsoever I or my heirs, executors, administrators or assigns now or hereafter have against the Health Resources and Services Administration, or its employees, as regards any use that may be made by them of said photographic reproductions, films, video/audio tapes, direct transmission of television signals.

I understand that it is the purpose of the U.S. Department of Health and Human Services to use the material in a legitimate manner that is not intended to cause any harm or undue embarrassment.

I have read this entire document, understand the contents and I have willingly agreed to the above conditions.

Signature

Parent or legal guardian signature (if necessary)