North Carolina Department of Health and Human Services

Office of Communications

CONSENT TO PHOTOGRAPH / VIDEO / INTERVIEW

Date:_____Time:_____a.m., p.m. (circle one)

This consent is expressly intended to release the N.C. Department of Health and Human Services and its personnel from any and all liability that would result from the taking and authorized use of these materials.

I hereby authorize the above named to obtain or to permit:

_____

(Name of media outlet / agency / publication / or other person)

to obtain the following of me/my minor child (check appropriate description(s)

☐ Photographs ☐ Video/Film ☐ Interview ☐ Voice Recording

I agree that the above named may use or permit the North Carolina Department of Health and Human Services to use the materials produced from this session for any of the proposed outlined below (check appropriate categories).

☐ Educational Publications
☐ Research Materials/Publications
☐ Advertising
☐ Department or Training Publications and Video
☐ Print/Social or Broadcast Media
☐ Other (please specify)_____

If applicable: ☐ I agree to the above on the condition that I or minor child will not be identified by name.

_____ _____/_____

Name (please print) Signature / Date

_____/_____ _____/_____

Parent/Legal Guardian Signature / Date Witness Signature / Date

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