



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).

- |  |  |
|--|--|
| <input type="checkbox"/> Educational Publications        | <input type="checkbox"/> Department or Training Publications and Video |
| <input type="checkbox"/> Research Materials/Publications | <input type="checkbox"/> Print/Social or Broadcast Media               |
| <input type="checkbox"/> Advertising                     | <input type="checkbox"/> 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

### N.C. Department of Health and Human Services

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