

Audio/Photography/Video/ and Release

I hereby grant the Iowa Department of Health and Human Services (HHS) and its designees the right to take, use, and publish photographs, films, slides, voice, video, and/or other images or representations of me for health and human services purposes, including health and human services 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 images or representations as HHS may elect. HHS 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 the HHS has no financial commitment or obligations to me as a result of this Agreement. I expressly release HHS and its officers, employees, agents and designees from any and all claims known and unknown arising out of or in any and all demands for compensation and any and all claims for libel and 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 the taking, use, and publication of images, video, slides, audio or other representations of my child or ward.

Name of Parent or Guardian (Print): _____

Signature of Parent or Guardian: _____

Date: _____

Agent's Consent:

I am the authorized agent of _____, pursuant to an executed power of attorney form or other lawfully executed authorization, and hereby approve and consent to the terms listed above for the taking, use, and publication of images, video, slides, audio or other representations of my child or ward.

Name of Legal Agent (Print): _____

Signature of Agent: _____

Date: _____