

Photograph, video and audio release form

_____,
(Date)

I, _____,
(Name – Please print)

do hereby grant permission to the Minnesota Department of Health to photograph, video record or audio record me, and to use the images and sounds thus obtained as part of or in connection with the production of Minnesota Department of Health publications and audio-visual presentations in any available format or medium. I understand that these materials will be used for the purpose of informing and educating the public about Minnesota Department of Health programs and activities. I further understand and agree that these photographic or video or audio images may be publicly distributed or displayed in connection with Minnesota Department of Health informational programs and activities, including shared with mass media outlets and public health partners.

I further waive any rights and release any claims or causes of action I may have to object to, prevent or seek damages for the release, publication or use of the above images or audio under the Minnesota Data Practices Act (Minnesota Statutes, chapter 13) and any claims or causes of action I may have based on, arising from or related to invasion of privacy.

(Witness signature)

(Signature)

(Parent or guardian signature)

Form with original signatures to be held by program with responsibility for the photograph, video recording or audio recording.