Florida HEALTH
Okaloosa County

PERMISSION AND RELEASE

I give permission to the Florida Department of Health (DOH) to record the appearance, physical likeness and/or voice on videotape, on film, or digital video disk, and/or take photographs of the appearance of (please print name of subject) _____ Age (if minor child) ____ _____, and to release these images to the news media, use for posting on the DOH's Intranet or Internet, use in internal or external publications, or use in any other manner deemed appropriate by DOH employees to publicize the DOH, its programs and activities, its employees, or to otherwise fulfill the mission of the DOH.

I acknowledge that the DOH is the sole owner of all rights in, and to, this visual and/or sound production and/or photograph(s) and the recordings, thereof, and that it has the right to use or reproduce the resulting images and/or sound as often as it finds necessary. The video and/or photographs may be used indefinitely by television, radio, newspapers, magazines, newsletters, brochures, Internet, intranet, or in other media once released.

The DOH has the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for the appearance of the above-named person or for participation in said productions. I agree to hold the DOH, its employees and other parties harmless against claim, liability, loss, or damage caused by, or arising from, my participation in this production.

_____ _____
Signature of subject, parent or legal guardian — age (if a minor) | Witness (print name)

_____ _____
Relation to above named — age | Witness Signature

_____
Address of subject, parent, or legal guardian

_____ _____
City, State, Postal Code | Date

_____
Telephone Number

☐ I am revoking this consent for use on the Internet or intranet Date: _____

I understand that every effort will be made to remove the item from the site within a reasonable timeframe. I also understand that this file may have been copied without permission, and I agree not to hold the Department of Health responsible for instances of these violations. The Department of Health agrees to remove from the site as many copies of the item as possible; however, if a copy is located within the site after the fact, I may provide the written URL, address, location, or other appropriate information to have it removed.

Signature:_____
(Signature of Parent or Legal Guardian required, if subject is younger than 18 years old.)