

Photo/Media Release Agreement

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child(ren) by North Central Health District or any of its health departments.
2. This release gives North Central Health District and/or health department the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees of the Department or the general public, utilizing print, video, social media, or any other distribution channels.
3. Further, I hereby release North Central Health District and/or health department and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.

Name _____

Address _____

Telephone _____

Children (If photographed) _____ Age _____

Signature _____ Date _____

Photographer, producer or witness: _____