

Photograph, video and audio release form

_____,
(Date)

I, _____,
(Name – Please print)

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

I understand that participating in this recording or photography session is voluntary and there is no consequence for refusing to take part. I agree to 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 Government 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.

(Signature)

(Parent or guardian)

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