



## Video/Photograph/Audio Release Form



I hereby consent to any photographic, electronic audio, or video reproduction of [  myself], [  my minor child] or the likeness thereof for current or future uses by the Missouri Department of Health and Senior Services, any of Missouri's local public health agencies, any professional photographer contracted by the State of Missouri, their officers, agents, employees, and any other designee for all purposes, including but not limited to educational purposes.

I waive any rights, including ownership rights and the rights to fees or compensation from any electronic or photographic reproduction or copies of such reproductions.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship:  self     parent     legal guardian

Printed Name of Minor Child (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_



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