

Photo Release Form



National Heart, Lung, and Blood Institute *Photograph, Internet, Television, Videotape, Movie and/or Sounds Recording, Interview/Testimonial*

AUTHORIZATION AND RELEASE

I hereby consent that National Heart, Lung, and Blood Institute, its legal representatives, successors or assigns, shall have the right to copyright, publish or use any photographs, movie films, videotapes and/or sound records, or any part thereof, they have taken or made of me on this date or in which I may have been included, for publicity, advertising or any other lawful purpose whether in print (for example, newspapers, magazine, and brochures), or electronic media (for example, television, internet, video and audio) in conjunction with my own or a fictitious name, or in reproductions thereof in color or otherwise.

I hereby waive all claims for any compensation for use or for damages.

I hereby waive any right that I may have to inspect and/or approve the finished product or the use to which it may be applied.

I hereby warrant that I have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

I state that I am at least 18 years of age or, if I am younger than 18 years of age, I understand that my parent or guardian, if he or she agrees to these terms, must provide consent for the release and use of the materials detailed in this form.

Date: _____

Print Full Name

Signature

Address: _____

E-mail Address: _____

Parent or Guardian Consent

I, the undersigned, being the parent and/or guardian of the above named minor, do hereby consent to the above authorization and general release.

Dated this _____ Day of _____, 20_____.

Print Child's Full Name (if under 18 years old)

Print Parent's Full Name

Signature