

# **WASHINGTON STATE DEPARTMENT OF HEALTH**

*The Department of Health works to protect and improve  
the health of people in Washington State.*

If you have any questions about the following photograph/video/audio release agreements, please call the Communications Office at 360/236-4027. Thanks for your help!

**Name/date of event:** \_\_\_\_\_

\_\_\_\_\_

## **RELEASE AGREEMENT / INDIVIDUAL**

I \_\_\_\_\_ give my consent to the Washington State Department of Health to use any photographs/video of my image or recordings of my voice in health promotion/education-related activities and media including: Department of Health website, social media sites and other electronic media, publications, Public Service Announcements (televised and print), news reports and feature stories, public awareness efforts, and other related materials. I waive all claim to compensation for such use.

\_\_\_\_\_

## **RELEASE AGREEMENT / PARENT OR GUARDIAN**

I \_\_\_\_\_ am the legal guardian of \_\_\_\_\_ and hereby give my consent to the Washington State Department of Health to use any photographs/video/recordings containing his/her image or voice in health promotion/education-related activities and media including: Department of Health website, social media sites and other electronic media, publications, Public Service Announcements (televised and print), news reports and feature stories, public awareness efforts, and other related materials. I waive all claim to compensation for such use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date