

ATCPHD Media Release

I, _____, hereby grant permission to Abilene-Taylor County Public Health District to use my name, voice, likeness, image, and/or words in any form of media or publication, including but not limited to print, online, broadcast, and social media platforms, for the purpose of promoting ATCPHD.

I understand that my participation is voluntary and that I will not receive any compensation for my participation. I further understand that my participation may involve being photographed, recorded, or interviewed.

I hereby release Abilene-Taylor County Public Health District, its employees, agents, and affiliates from any and all claims, damages, or liabilities arising from the use of my name, voice, likeness, image and/or words in any media or publication related to the above-mentioned purpose.

I also confirm that I am over the age of 18 and that I have read and understood this consent form in its entirety. If I am under the age of 18, my parent or legal guardian has read and understood this form, and grants permission for my participation.

Signature: _____

Printed Name: _____

Date: _____

