

Healthy Communities Delaware Photo Consent and Release

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to [Healthy Communities Delaware], its affiliates and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet).

My signature constitutes my consent to be photographed, filmed, and/or otherwise recorded and to the release, publication, exhibition, or reproduction of any and all recorded media of my appearance, voice, and name for any purpose whatsoever in perpetuity in connection with its initiatives, including, by way of example only, use on websites, in social media, news and advertising.

I waive and release any claims related to the use of recorded media, including, without limitation, any right to inspect or approve the photo, video or audio recording, any claims for invasion of privacy, violation of the right of publicity, defamation, and copyright infringement or for any fees for use of such record media.

Adults/Guardians

You understand that all photography, filming and/or recording will be done in reliance on this consent.

Print Name: _____

Signature: _____

Date: _____

Minors

The below-signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of Parent or Legal Guardian: _____

Print Name: _____

Date _____

The following is required if the consent form has to be read to the parent/legal guardian: I certify that I have read this consent form in full to the parent/legal guardian whose signature appears above.

Signature of Organizational Representative or Community Leader: _____

Date _____



Healthy Communities Delaware
alignment. investment. impact.