

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

PERMISSION AND RELEASE

I give permission to the Florida Department of Health (DOH) to record the appearance, physical likeness and/or voice on videotape, on film, or digital video disk, and/or take photographs of the appearance of (please print name of subject) _____ Age (if minor child) _____, and to release these images to the news media, use for posting on the DOH's Intranet or Internet, use in internal or external publications, or use in any other manner deemed appropriate by DOH employees to publicize the DOH, its programs and activities, its employees, or to otherwise fulfill the mission of the DOH.

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The DOH has the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for the appearance of the above-named person or for participation in said productions. I agree to hold the DOH, its employees and other parties harmless against claim, liability, loss, or damage caused by, or arising from, my participation in this production.

Signature of subject, parent age
or legal guardian (if a minor)

Witness (print name)

Relation to above named age

Witness Signature

Address of subject, parent, or legal guardian

Date

City, State, Postal Code

Telephone Number

I am revoking this consent for use on the Internet or intranet Date: _____

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Signature: _____
(Signature of Parent or Legal Guardian required, if subject is younger than 18 years old.)