2018 Florida Radon Video Contest Photograph, Audio & Video Release Form



Must be completed by everyone appearing and/or involved with the video (Please Print Clearly)

I hereby grant permission to the rights of my image and sound of my voice as recorded on audio or video tape to the Florida Department of Health without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed. I waive the right to inspect or approve the finished product where my image appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational and/or promotional events within an unrestricted geographic area.

Photographic, audio or video recordings may be used by the Department for presentations, courses, promotional events including promotional uses on the internet.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio, or video recordings collected as part of the 2018 Florida Radon Video Contest only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material for educational or promotional purposes.

Full Name	
Signature	Date
If this release is obtained from a student und student's parent or legal guardian is also req	• •
Parents Full Name	
Parent's Signature	

Please print out, sign, and email to Michelle.Sampson@flhealth.gov OR mail to: Florida Department of Health, Bureau of Environmental Health, Radon Program 4052 Bald Cypress Way, Bin # A08, Tallahassee, FL 32399-1720