CONSENT, PERMISSION AND RELEASE FOR USE OF PHOTO, VIDEO AND/OR AUDIO

	artment of Health (DOH) to record the appearance, physical deo disk, or other means, and/or take photographs of the, age (if minor)
consent to the use and publication of my name, participation and/or agents, as well as the entity seeking this consent, a including, but not limited to, educational, promotional, advert	ction 540.08, Florida Statutes, I hereby freely and voluntarily on, picture, and/or likeness by the DOH and/or its employees nd photographs, video and/or audio for any and all purposes ising, and trade, through any medium or format, including, but ernet, or exhibition, at any time from this date forward until I
photograph(s) and the recordings, thereof, and that it has th	this in, and to, this visual and/or sound production and/or e right to use or reproduce the resulting images and/or sound notographs, video and/or audio may be used indefinitely by nures, Internet, intranet, or in other media once released.
as needed. I understand I will receive no compensation for the	otherwise alter the visual or sound recording, or photographs, ne appearance of the above-named person or for participation as and other parties harmless against claim, liability, loss, or roduction.
I have read this Consent before signing and fully undersunderstand that I am free to address any specific questions a	stand the contents, meaning and impact of this consent. I and have done so prior to signing this Consent.
Name:	
Address:	
Telephone Number/Email address:	
Signature of Subject:	Date:
Required if Subject is under age 18: Name of Parent/Legal Custodian:	
Signature of Parent/Legal Custodian:	
Witness Name:	
Witness Signature:	Date:
	n the site within a reasonable timeframe. I also understand that this b hold the Department of Health responsible for instances of these
Signature:	Date: