



CONSENT AND AUTHORIZATION (ALL MEDIA)

This agreement is between _____ (Name of Subject), of _____ (Address), _____ (City), _____ (State) ("Subject") and the New York State Department of Health ("Department"), and is made with regard to images, still or moving, and/or audio made of Subject at _____ ("Event"), taken on or about _____, 20____ (Date).

With consideration, receipt of which is hereby acknowledged, Subject releases and consents to being the subject of images taken by Department, or others on Department's behalf, by conventional film, by digital means, or by any other means now known or developed in the future, along with any subject matter or other materials owned, possessed, or used by Subject at the Event, and authorizes the Department to cause the same to be exhibited, in any manner and under any circumstance, in whole or in part, in any form or format, in perpetuity, including but not limited to still photographs, video, transparencies, motion pictures, television, CD-ROM, DVD, digital images, including on computer or on-line, or other media known or developed in the future.

In the same manner, Subject releases and consents to being the subject of audio taken the by the Department or others on Department's behalf, in any manner, whether analog or digital, or by any other means now known or developed in the future, in whole or in part, in any format, along with any subject matter or other materials owned, possessed, or used by Subject at the Event, and authorizes the Department to cause the same to be exhibited, in any manner and under any circumstance, in any form or format, known or developed in the future.

I understand that the Department has no obligation to use Subject's name, likeness, or voice in the materials it produces, but if the Department so decides to use them, I acknowledge that it may edit such materials. I hereby waive any right to inspect or approve the above-described materials, in draft or final form, or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

Subject hereby releases the Department, its employees agents and assigns, from any and all claims for damages or other relief based on libel, infringement of any rights of publicity or invasion of privacy, portrayal in a false light, or any other claim based on the use, exhibition, distribution, or dissemination of the material described above.

I certify that I am over eighteen years of age and that I am competent to contract in my own name with regard to the subject of this agreement or I am the legally authorized representative of the Subject.

I have read the foregoing and fully understand this Agreement and its terms.

Signature of Subject or Subject's Legally Authorized Representative _____

Print Name of Person Who Signed _____

Date _____

If form is not signed by Subject, the person who signed the form is a:

parent other type of legal guardian. Explain _____