PHOTO RELEASE

ABOUT THE PHOTOGRAPH

A. Photographer's Name (*PRINT*) _____

B. Title of Photograph (*PRINT*) _____

THE PERSON IN THE PHOTO (one photo release is required for each person in the photograph):

C. Name of person pictured:_____

☐ Mark here if person in photo is under 18 or has a legal guardian

AUTHORIZATION – By individual pictured or parent/guardian if individual is a minor child or has an appointed guardian.

I (*PRINT NAME*) _____, hereby authorize and consent to the use of my visual image or the visual image of my child and any text submitted by the photographer by the Washington State Department of Social and Health Services (DSHS) for use in DSHS publications and on DSHS web sites.

I am the:

☐ Individual pictured. My name is on line C above

☐ Parent or guardian of the individual pictured. My child's name is on line C above.

I give this consent with no claim for payment.

I understand the following:

a. I have the right to revoke my consent to future uses of my photo by giving written notice to DSHS.
b. Because DSHS publications and websites are public, I understand that others outside of DSHS may copy or use my image without further notice or permission by DSHS or me.
c. DSHS is not making me sign this form as a condition for any benefit.
d. I understand DSHS may contact me to verify my identity and consent.
e. I can keep a copy of this form.

SIGNATURE _____ Date _____

Phone # _____E-mail _____

FOR THE PHOTOGRAPHER

By signing below, I affirm the following:

- I am the maker of this image and have retained the rights to this image. I confirm and promise that entry is original and does not infringe the intellectual property rights of any third party.
- I give my consent for DSHS to use this photograph in DSHS publications and DSHS web sites without monetary compensation. I understand that others outside of DSHS may copy my image from these public sites and use it without further notice or permission by DSHS or me. I understand that I will be given photo credit when my photograph is used by DSHS.

Photographer Signature _____ Date _____