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|  | **Photo Release** | | Date | |
| Photographer’s Name | |
| I,  , hereby authorize and consent to the use of   Printed Name  my image (photograph or video) by the Washington State Department of Social and Health Services for:  Appropriate general use.  This specific use: | | | | |
| I give this consent with no claim for payment. | | | | |
| Signature Date | | Telephone Number | | Email Address |
|  | | | | |
| **If the subject is a minor or an adult who has a legal guardian, the following section must be completed by a parent or guardian.** | | | | |
| Guardian’s Printed Name | | Telephone Number (Include Area Code) | | |
| Signature Date | | | | |
| **PHOTO RELEASE**  **DSHS 16-235 LP (REV. 07/2018) Large Print** | | | | |