



OHIO DEPARTMENT OF HEALTH MODEL RELEASE FORM

I hereby irrevocably consent and agree to be filmed, photographed, audiotaped, videotaped, and otherwise recorded for, by, and/or on behalf of the Ohio Department of Health, 246 North High Street, Columbus, Ohio 43215 (hereinafter called "ODH") and the Ohio Injury Prevention Partnership (hereinafter called "OIPP") on _____, or at such other times, and from such irrevocably consent and authorize ODH/OIPP and other state agencies to use and reproduce any and all photographs, movies, audiotapes, videotapes, recordings, written stories and other materials made of me. In addition, I irrevocably waive any rights that I may have to approve or review the text of any printed copy or captions that may accompany any publication, slide presentation, movie, videotape, or recording made of me. I hereby acknowledge that all photographs, movies, audiotapes, videotapes, written stories, recordings (both audio and visual), and other materials made of me, submitted by me and reproductions therefrom are the property of ODH/OIPP to use in any lawful manner that it sees fit.

I give my permission to ODH/OIPP to use all or a portion of my submitted information for media and educational purposes as it relates to injury prevention. I understand that the ODH/OIPP may edit or modify the content and that I may be contacted by the ODH/OIPP to verify my submission, provide further clarification, or to be asked to share my story with the media or others to raise awareness.

I hereby release ODH, its director, employees, agents, members of the OIPP and assigns from any and all liability in regard to making or publicizing any of the photographs, movies, stories, audiotapes, videotapes, recordings, and other materials made of me or submitted by me.

I am over eighteen years of age: ___Yes ___ No. (If you are under eighteen years of age, see the bold-faced type below).

Signature of Model/Submitter: _____

Date: _____ Phone Number: _____

Address: _____

If the model signing above is under eighteen years of age, consent must be given by his or her parent or guardian by signing below:

I hereby certify that I am the parent and/or legal guardian of the above-named model. I further consent, without reservation, to ODH's making and ODH's and other state agencies' use of all photographs, stories, movies, audiotapes, videotapes, recordings, and other materials made of the above-named model.

Signature of Parent or Guardian
Of the Above-Named Model
