



AUTHORIZATION FOR PHOTO / VIDEO RELEASE

State Form 46006 (R2 / 3-12)
FAMILY AND SOCIAL SERVICES ADMINISTRATION

I hereby grant the Indiana Family and Social Services Administration permission to use my likeness in a photograph / video in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Indiana Family and Social Services Administration and will not be returned.

I hereby irrevocably authorize the Indiana Family and Social Services Administration to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Indiana Family and Social Services Administration's program or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph / video.

I hereby hold harmless and release and forever discharge the Indiana Family and Social Services Administration from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least twenty-one (21) years of age and am competent to contract in my own name. I have read this release before signing below and fully understand the contents, meaning, and impact of this release.

Description of event or activity

Signature

Date (*month, day, year*)

Printed name

If the person signing is under age twenty-one (21) or not competent to contract, there must be consent by a parent or legal guardian, as follows:

I hereby certify that I am the parent or legal guardian of and do hereby give my consent without reservation to the foregoing on behalf of this person.

Signature of parent / legal guardian

Date (*month, day, year*)

Printed name of parent / legal guardian