



**AUTHORIZATION TO USE AND RELEASE INFORMATION,  
STORY, WORDS, PHOTOS OR VIDEO**

State Form 55670 (9-14)  
DEPARTMENT OF CHILD SERVICES

I hereby grant the State of Indiana permission to use my information, story, words, as well as 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 State of Indiana.

I hereby irrevocably authorize the State of Indiana to edit, alter, copy, exhibit, publish or distribute as needed for any lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my information or likeness appears. I waive any right to royalties or other compensation arising or related to the use of this information, photograph/video.

I hereby hold harmless and release and forever discharge the State of Indiana 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 eighteen (18) 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 signed (*month, day, year*)

Printed name

If the person signing is under age eighteen (18) 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 signed (*month, day, year*)

Printed name of parent / legal guardian