



MEDIA CONSENT AND MATERIALS RELEASE LIABILITY STATEMENT

I, as the parent or guardian of _____, hereby give Howard County Health Department (HCHD) and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

I give permission to use any audio, video, film, or any other electronic, digital and printed media produced or submitted by my child, which may become part of a media broadcast and/or video program, produced by Howard County Health Department

This is with the understanding that neither HCHD nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

I hereby release Howard County Health Department, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please Print

Name _____

Name of child _____ Grade _____

Address _____

City, State, Zip _____

Signature of parent or guardian _____

Date _____ Phone Number _____