RELEASE AND CONSENT AGREEMENT

The undersigned irrevocably and absolutely consents to the unrestricted use by the Department of Developmental Services (hereinafter the "Department"), and by its successors, designees, and assigns, of any and all printed or written materials about me, photographic or other images of me that the Department creates or makes, or which the Department acquires through a contractor or other entity, whether or not that contractor or other entity was operating at the specific direction of the Department. The consent hereby granted applies to all photographic or video images, or any other image made in any form and in any media.

The undersigned hereby waives any right to inspect or approve the finished images, and any accompanying copy, text, or other printed materials that may be used separately or in conjunction with those finished images, and hereby waives the right to approve or otherwise control the eventual uses to which the images may be applied.

The undersigned hereby releases and discharges the Department, and those acting under the Department's authority, from any and all liabilities, claims, and demands that may occur or develop from production of the images, or from the display or publication of those images.

I acknowledge that no monetary compensation is or will be payable to me in the event the Department uses my story, any written or oral descriptions about me, or my name or likeness.

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INSTRUCTIONS:
-Read this document carefully and ask questions, then indicate your consent by putting the date and signing this document.
-If you have a conservator (he or she) must read and sign this document along with your signature or in place of your signature.
-If you are under 18 years you must have your parent or guardian's signature for your consent.
-Please make one copy for person(s) who sign this document and retain the original signed copy for DDS files.

Date: _____

_____ _____
Signature (Print Name)

_____ _____
Conservator Signature (if required) (Print Conservator Name)

_____
Address

_____
Telephone

PARENT/GUARDIAN CONSENT (If under 18 years of age)

Date: _____

_____ _____
Signature (Print Name)

_____
Address

_____
Telephone