

MODEL RELEASE FORM

McDonough County Health Department

Release Form for Media Recording



I, _____(Name) the undersigned, do hereby consent and agree that McDonough County Health Department, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media (including the Internet). I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I do hereby release to McDonough County Health Department, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that McDonough County Health Department is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

Name

Address

Phone

E-mail

If under 18, parent/guardian signature required

Signature

Date

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