

CONSENT AND WAIVER FORM

I consent without any compensation to me to the use of my voice, image, video footage, and any other representation of me by the State of Iowa and the Iowa Department of Public Health, for use in publications and state and local websites including but not limited to public health conferences and other media.

The Iowa Department of Public Health may edit this work, and/or video, and will use its professional judgment in making any edits. The Iowa Department of Public Health may, without any compensation to me, distribute these materials and may use my name and likeness to promote Health Insurance for Teens Week, *hawk-i*, and Medicaid.

I warrant that I own the rights to any sound, video, and any other representation of me provided to the State of Iowa and the Iowa Department of Public Health by me or my representatives, and that I grant the State of Iowa the rights to use the sound, video, and any other representation of me in the formats described above. By submitting an entry, I represent that my entry constitutes original works of creativity that do not violate the property rights of any other person or any copyright laws.

I hereby waive any right I may have now or in the future to bring any legal claim against the Iowa Department of Public Health or the State of Iowa for use of any such image of me.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this release is obtained from a person under the age of 18, then the signature of that person's parent or legal guardian is also required.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_