



PHOTO/VIDEO RELEASE

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_____ taken on _____

(PRINT NAME)

(DATE)

I agree that permission includes the use of photograph(s) and/or video recording(s) for reproduction in publications, newspapers, magazines, television, social media, websites and other media. I understand that photograph(s) and/or video recording(s) are used to promote public understanding of ADHS programs and services.

I understand that permission to use photograph(s) and/or video recording(s) **will be in effect until revoked** from the date the images were captured and that ADHS will retain a digital copy of all photograph(s) and video recording(s). I understand that permission can be revoked at any time by contacting ADHS verbally, in writing, in person, or by email.

I hereby release the State of Arizona, ADHS, and its officers, employees, and agents from any liability in connection with the use of photograph(s) and/or video recording(s).

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SIGNATURE: _____

(Parent or Legal Guardian for persons less than 18 years old)

ADDRESS: _____

City

State

Zip Code

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Photographer: _____

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