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| **State of California** | DATE VISUAL MEDIA CREATED |
| **AGENCY/DEPARTMENT OF** |  |

**VISUAL MEDIA CONSENT**

NAME OF PERSON CAPTURED IN VISUAL MEDIA *(print)*

**PRIVACY RIGHTS AND USE OF INFORMATION**

I give the State of California, Department of (the “Department”) permission to make photographs, videotapes, films or other likenesses of me, my child or legal ward. I hereby grant to THE DEPARTMENT the unrestricted right to copyright any of the above-mentioned materials containing images of me, as well as the unrestricted right to use and reuse them, with their caption information, in whole or in part, in any manner, for any purpose and in any medium now known or hereinafter invented. These rights include, but are not limited to, the right to publish, copy, distribute, alter, license and publicly display these materials and images for editorial, trade, marketing and/or advertising purposes. I also grant to THE DEPARTMENT and its licensees the unrestricted right to use and disclose my name in connection with use of the above materials.

I understand and agree that I will not be paid for any use described above.

I also waive, and release and discharge the State of California, THE DEPARTMENT, its officers, employees and/or agents from, any and all claims arising out of or in connection with any use of the materials, caption information and images described above, including any and all claims for libel, defamation and/or invasion of privacy or publicity. I realize I cannot withdraw my consent after I sign this form and I realize this form is binding on me and my heirs, legal representatives and assigns.

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| --- | --- | --- |
| SIGNATURE | | PHONE NUMBER |
| ADDRESS | CITY/STATE/ZIP CODE | |

**IF THE ABOVE PERSON IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING:**

I am the parent or legal guardian of the person named above and I hereby sign this consent form on behalf such person in accordance with the statements above.

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| --- | --- | --- | --- |
| PARENT OR LEGAL GUARDIAN SIGNATURE | PRINTED NAME | | PHONE NUMBER |
| ADDRESS | | CITY/STATE/ZIP CODE | |

IMAGE NUMBERS

**FOR DEPARTMENT USE ONLY**