

FLORIDA PUBLIC HEALTH ASSOCIATION

PERMISSION AND RELEASE

I give permission to the Florida Public Health Association (FPHA) to record the appearance, physical likeness and/or voice on videotape, on film, or digital video disk, and/or take photographs of the appearance of (please print name of subject) _____ . Age (if minor child) _____, and to release these images to the news media, use for posting on the FPFA's Internet, use in internal or external publications, or use in any other manner deemed appropriate by the FPFA to publicize the FPFA, its programs and activities, or to otherwise fulfill the mission of the FPFA.

I acknowledge that the FPFA is the sole owner of all rights in, and to, this visual and/or sound production and/or photograph(s) and the recordings, thereof, and that it has the right to use or reproduce the resulting images and/or sound as often as it finds necessary. The video and/or photographs may be used indefinitely by television, radio, newspapers, magazines, newsletters, brochures, Internet, or in other media once released.

The FPFA has the right, among other things, to edit and/or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for the appearance of the above-named person or for participation in said productions. I agree to hold the FPFA, its employees, its board members and other parties harmless against claim, liability, loss, or damage caused by, or arising from, my participation in this production.

Signature of subject, parent age
or legal guardian (if a minor)

Witness (print name)

Relation to above named age

Witness Signature

Address of subject, parent, or legal guardian

City, State, Postal Code

Date

Telephone Number

I am revoking this consent for use on the Internet Date: _____
I understand that every effort will be made to remove the item from the site within a reasonable timeframe. I also understand that this file may have been copied without permission, and I agree not to hold the Florida Public Health Association responsible for instances of these violations. The Florida Public Health Association agrees to remove from the site as many copies of the item as possible; however, if a copy is located within the site after the fact, I may provide the written URL, address, location, or other appropriate information to have it removed.

Signature: _____
(Signature of Parent or Legal Guardian required, if subject is younger than 18 years old.)

Return this form to:
Florida Public Health Association
1605 Pebble Beach Blvd.
Green Cove Springs, FL 32043
Fax: (904) 529-7761
Email: floridapha@bellsouth.net