

## **APPENDIX C – MDH MEDIA CONSENT RELEASE FORM**

If State or Unit Administrators wish to use volunteer names, pictures, or voice on websites, in publications, in press releases, etc., it is required that prior permission be obtained from the volunteer to record, use, or reproduce the media. This form should be used for obtaining permission from volunteers.



MARYLAND  
Department of Health

**MEDIA CONSENT RELEASE**

Named Person: \_\_\_\_\_

Minor Under Age 18 (check one):                      Yes\_\_\_                      No\_\_\_

Project: \_\_\_\_\_

I hereby give to the Maryland Department of Health or its authorized representatives permission to edit, copy, exhibit, distribute, or publish in print, via digital platforms, or via video/audio-recorded productions, including on the World Wide Web, this material to promote the above Project and the Maryland Department of Health's activities, without limitation or reservation. I acknowledge that I will not receive any compensation for the use of this media.

This is a full release of all claims whatsoever I or my heirs, executors, administrators, or assignees now or hereafter have against the State of Maryland, Maryland Department of Health, or its employees, in regard to any use that may be made by them of said print or digitally-published material, video/audio-recorded productions, or other media.

I have read this entire document, understand the contents, and I have willingly agreed to the above conditions.

PLEASE SIGN ON THE APPROPRIATE LINE.

\_\_\_\_\_

Named Person's Signature and Email Address

\_\_\_\_\_

Parent or Guardian Signature and Email Address (if Named Person is a Minor Under Age 18)

\_\_\_\_\_

Witness

\_\_\_\_\_

Date