



Media Consent And Release Form

I hereby consent and authorize the Illinois Department of Human Services (Department) and those acting pursuant to its authority, including its employees, agents, officers, contractors and volunteers, to:

- 1) record my name, voice, likeness, image, interview and/or story on videotape, audiotape, photograph, digital, electronic or any other medium;
- 2) use my name and identity in connection with these recordings; and
- 3) use, reproduce, exhibit or distribute (including to the media) in any medium these recordings for any purpose that the Department, and those acting pursuant to its authority, deem appropriate, including promotional, public relations or advertising efforts.

I understand the reproduction of any recordings may require alternations, additions or editing as deemed necessary by the Department. Also, I understand that my name, likeness, picture, recording and/or story will not be used for profit and that I will not be paid for use of same.

I agree that any uses described herein may be made without compensation or additional consideration to me in any form, including reimbursement for any expenses incurred by me. I understand that no promises or representations have been made to me other than those stated herein.

I now and forever waive any rights, claims or interests I may have to control the use of my name, voice, likeness, image, interview and/or story in the recording authorized above. I hereby release and hold harmless, the Department, and those acting pursuant to its authority, including its employees, agents, officers, contractors and volunteers from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of use of my name, voice, likeness, image, interview and/or story.

By my signature below, I agree that I am participating on a volunteer basis and I represent that I have read and fully understand the terms of this release.

Name: (Please Print)

Telephone Number:

Street:

E-Mail:

City

State:

Zip Code:

Signature:

Date:

If under 18, print name of parent/guardian:

Signature of parent/guardian:

Witness Signature:

Date:
