



Photo/Video/Quote Release Form

Date: _____

I, _____ (Name of person, or parent if subject is under 18), give permission for the Tennessee Department of Health to use my or my child's image and/or comments for publicity and promotion purposes. I hereby waive all claims for any compensation for such use or for damages. I waive any right that I may have to inspect or approve the finished product or the copy that may be used in connection with the use of such photography and/or comments.

Signed this _____ day of _____, 20__

Signature _____

Printed Name _____

Address _____

City _____

State _____ ZIP _____ Telephone _____

Witness _____ Date _____