



Madison County Government
Health Department

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MADISON COUNTY HEALTH DEPARTMENT
Multimedia Release Authorization Form

I, _____, hereby grant permission to Madison County Health Department(MCHD) or its agents to film, photograph, or record my/my child's picture, likeness, or voice while participating in health department related trainings, exercises, contests or real events. I further grant MCI-ID permission to use, reproduce, publish, distribute, broadcast, exhibit the use of my/my child's picture, likeness and/or voice without limit.

I understand and acknowledge that any video, recording(s) and/or photographs will become the sole property of MCHD and will not be returned to me. I hereby waive any and all rights concerning the use and distribution of my/my child's picture, likeness, video and/or voice hereunder, and hereby waive any claim or demand for payment, royalties or other compensation that I might otherwise assert in connection with the above media formats.

I have read and fully understand the information contained in this form.

IN WITNESS WHEREOF, this authorization is executed this ___ day of _____, 20___

Signature of Participant
(if over the age of 18)

Signature of Parent or Legal Guardian
(if Participant is under the age of 18)

Name of Participant
(if Participant is under the age of 18)

Signature of Witness