



Photograph and Video Release Form

I hereby authorize the Ohio Department of Developmental Disabilities to use and publish my name, and photographs or video taken of me on _____ (date) for use in DODD's print, online and video-based materials, as well as other DODD uses and publications.

I hereby release and hold harmless DODD from any reasonable expectation of privacy or confidentiality associated with the photographs or video.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs, videos or participation in organization materials or other publications.

I hereby waive the right to inspect or approve the finished photographs, video or electronic matter that may be used in conjunction with them now or in the future, whether the use is known or unknown to me .

I also hereby release DODD, its contractors, its employees and any third parties involved in the creation or publication of materials, from liability for any claims by me or any third party in connection with my participation.

Please Fill Out

Printed Name: _____

Signature: _____

Date: _____

Optional:

Email: _____

Phone Number: _____

If Applicable:

Guardian Name: _____

Signature: _____

Photographer Only:
Name: _____
Event: _____
Notes: _____

Date: _____