

## Photography, Video or Audio Release Waiver

I voluntarily grant my permission to the Washington State Department of Children, Youth, and Families (DCYF) and its representatives to take photographs, videos or audio recordings of myself and/or the minor(s) named below for whom I am the minor's parent or legal guardian.

I understand that the use of my likeness or voice covered by this consent will help to advance the work of DCYF and may be used in a variety of formats.

I understand that all rights, titles, and interest in the photography, video or audio recordings belong exclusively to DCYF and that DCYF reserves the right to edit the material, to be disseminated through multiple mediums including social media, DCYF approved websites, print documents or news outlets.

I understand that there shall be no payment for this release.

|             |                                  |
|-------------|----------------------------------|
| First Name: | Last Name:                       |
| Address:    |                                  |
| City:       | State:                      Zip: |
| Phone:      | Email:                           |
| Signature : | Date:                            |

|                        |   |  |
|------------------------|---|--|
| Minor First/Last Name: | Foster Child:<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, is child legally free?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Minor First/Last Name: | Foster Child:<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, is child legally free?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Minor First/Last Name: | Foster Child:<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, is child legally free?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

### Instructions for Photographer or Organizer

- Scan signed waivers
- Save PDFs with photography, video or audio files.