

Utah Department of Health Media Consent Form

I hereby grant permission to the Utah Department of Health (UDOH) to use my:

Photograph Videotaped Image Quotes/Comments Name

for publicity and educational purposes in any and all publications and media without limit or reservation.

Full Name (Please print) _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell phone _____
 Signature _____ Date _____

If you are a legal guardian signing for a minor, please complete this form with your name and print the minor's name, age and your relation here:

Minor's Full Name: _____
 Relation _____ Minor's Age _____

For Office Use Only:
 UDOH Program: _____ Reason for Consent: _____
 Keep a copy in UDOH Bureau/ Office program files and send a copy to UDOH Office of Public Information & Marketing

Photo Entry: please write a title and location for each picture.

Photo 1 (Title): _____ **Location:** _____

Photo 2 (Title): _____ **Location:** _____

Photo 3 (Title): _____ **Location:** _____

Photo 4 (Title): _____ **Location:** _____

Photo 5 (Title): _____ **Location:** _____

Photo 6 (Title): _____ **Location:** _____

Photo 7 (Title): _____ **Location:** _____

Photo 8 (Title): _____ **Location:** _____

If you are sending more than 8 pictures, please use another Media Consent Form/Photo Entry.

Thank you.