Cook County DEPT. of Public Health

Promoting health. Preventing disease. Protecting you.

Photo/Video Authorization and Release

By signing this Authorization and Release I irrevocably grant to the County of Cook, the Cook County Health and Hospitals System and its affiliate, the Cook County Department of Public Health and their employees, agents, volunteers, contractors, subcontractors, officers, directors, assigns and successors (hereinafter referred to collectively as "CCDPH"), permission to photograph, film, videotape, record, or otherwise capture my and/or my minor child's image, likeness, voice, name, age and/or hometown.

I further grant CCDPH the authority to use, reuse, display, distribute, copy, publish, republish, modify, retouch and/or alter my and/or my minor child's image, likeness, voice, name, age, and hometown in any and all forms of media currently available or later developed in the future, in whole or in part, for any purpose or activity deemed suitable by CCDPH. I further understand that CCDPH will be unable to prevent unauthorized persons from gaining access to my and/or my minor child's image, likeness, voice, name, age and/or hometown once used and, as such, will be unable to prevent the copying, alteration or republication of my and/or my minor child's image, likeness, voice, name, age and/or hometown.

I acknowledge that my and/or my minor child's participation is voluntary and I understand and agree that I and/or my minor child will not receive any compensation, consideration, or royalties for the use, display, distribution, copying and/or alteration of my and/or my minor child's image, likeness, voice, name, age, and hometown by CCDPH. I further understand and agree that all photographs, negatives, film reels, outtakes, transparencies, and/or digital files or other mediums, their content, and all copyrights or other intellectual property rights therein shall be the sole property of CCDPH. I agree that I shall not have any ownership or other rights to my and/or my minor child's image, likeness, voice, name, age and/or hometown as captured by CCDPH. I hereby waive any right that I may have to inspect or approve my and/or my minor child's image, likeness, voice, name, age and/or hometown as captured by CCDPH and/or the finished product or products created and/or used by CCDPH.

On behalf of myself and/or my minor child, and any of our representatives, assigns or successors, I expressly release, indemnify, hold harmless, and forever discharge CCDPH from any and all liability arising from the use, display, distribution, copying or alteration, of my and/or my minor child's image, likeness, voice, name, age, and hometown by CCDPH, or any third party including, but not limited to, any and all claims for libel, invasion of privacy, right of publicity, defamation, any publicity claim and/or any other cause of action associated with the use of my and/or my minor child's image, likeness, voice, name, age and/or hometown by CCDPH.

I agree that this release shall be governed and construed according to the laws of the State of Illinois and I agree to the exclusive jurisdiction and venue of the courts located in Cook County, Illinois. This Authorization and Release embodies the entire agreement between the undersigned and CCDPH.

Adults: I, the undersigned, am eighteen (18) years of age or older and am competent to contract in my own name. I have read, fully understand, and agree to all the terms of this Authorization and Release and agree that it shall be forever binding on me and my respective heirs, assigns, and representatives.

Signature of Person Being Photographed	Print Name Clearly	Date

Age	Email Address	Street Address	City, State, Zip Code

In the case of Minors: I, the undersigned, am eighteen (18) years of age or older, am the parent or legal guardian of the minor child named below, and am competent to contract in my own name and on behalf of the named minor child. By signing below I acknowledge that I have read, fully understand, and agree to all the terms of this Authorization and Release and agree that it shall be forever binding on me and the named minor child and our respective heirs assigns and representatives.

Print First and Last Name of Minor Child	Minor Child Age

Signature of Parent/Guardian	Print First and Last Name of Parent/Guardian	Date

Parent/Guardian Age	Email Address	Street Address	City, State, Zip Code