



NIH Office of Disease Prevention Art Challenge: How Prevention Can Create Better Health for Everyone **Photo Release Form**

To Be Completed by Person(s) Featured in Submitted Photograph

If more than one person is featured in the photograph, each person (and their parent/guardian, if younger than the age of 18) must complete and sign a release form.

I, _____, grant the National Institutes of Health (NIH), Office of Disease Prevention (ODP), and its designees or assignees, my consent to use, in whole or in part, my image in the photograph submitted to the “How Prevention Can Create Better Health for Everyone” art challenge.

I understand the photo may be reproduced, distributed, and displayed publicly, in print or electronically on a worldwide basis.

In regard to the use of this (these) photographic image(s), I hereby waive any right that I may have to monetary compensation, or to inspect or approve the finished product, or the advertising or other uses made of the product. I also release ODP and its designees or assignees from any and all liability that may arise from the taking and use of the (these) photographic image(s).

I have read and understand the assignment and release conditions described above.

I state that I am at least 18 years of age or, if I am younger than 18 years of age, I understand that my parent or guardian, if they agree to these terms, must provide consent for the release and use of the materials detailed in this form. (The requirement for parental/guardian consent is waived for emancipated youth.)

Email: _____

Signature: _____ Date: _____

Parent/Guardian Consent (required if the person named above is younger than 18 years of age)

I, _____, being the parent and/or guardian of the above-named minor, do hereby consent to the above authorization and general release.

Email: _____

Signature: _____ Date: _____

*If you have questions about how to complete this form, submit them to
ODP-YouthArtChallenge@nih.gov