

I _____ (*subject's first /last name*) voluntarily grant permission to the Washington State Department of Children, Youth, and Families (DCYF) and its representatives to publish my name, story, image, likeness, voice and/or images provided by me.

I understand that all photographs, video, audio other media - taken by or made on behalf of DCYF belong exclusively to the agency and that DCYF reserves the right to edit the material or material provided by me. I understand that DCYF may share this material for up to twenty years, through various mediums and platforms including but not limited to social media, DCYF approved websites, articles, television, radio, videos, newspapers, magazines, media outlets, contractors and publications for communications and marketing purposes.

I understand that I have the right to revoke this permission at any time (WAC 110-01-0205).

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

If subject is 18 years or older			
Signature	Date	Phone	Email
If subject is a minor between ages 12 and 18 and legally free:			
Signature		Date	
If subject is a minor			
Parent's Name	If parental consent was not obtained, was a court order issued? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of court order: <i>Foster parent and kinship caregivers cannot provide consent.</i>		
Parent's Signature	Date	Phone	Email

Internal Instructions

- DCYF staff must obtain permission from the Office of Communications before taking photographs, video and audio for communication or marketing purposes on behalf of DCYF.
- DCYF staff must submit photographs and video and audio records with the signed release waiver to the Office of Communications at dcyf.commsupport@dcyf.wa.gov.