

Photographs, Video, and Audio Release Waiver

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:

Check all that you consent to:

- 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, news outlets, videos, articles 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.

Subject (18 years or older) or subject's parent/legal guardian if minor

First Name:	Last Name:	
Phone:	Email:	
Signature :		Date:

If subject is a minor:

Minor First/Last Name:	If foster child: Is child legally free? Yes <input type="checkbox"/> No <input type="checkbox"/>	Caseworker's Name:
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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.