



maryland teens rejecting abusive smoking habits
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PHOTO, AUDIO, VIDEO RELEASE FORM
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To be completed by the person/people photographed and recorded:

I, _____, do hereby give the state of Maryland and its assigns, licensees, and legal representatives the irrevocable right to use my name (or fictional name), picture, portrait or photograph, video and audio recordings, in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I am of full age.* I have read this release and am fully familiar with its contents.

Printed name: _____

Signed name: _____

Date: _____

* If the subject is a minor (under 18 years of age), the parent or guardian must then sign the consent below.

Consent (if applicable)

I am the parent and/or guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Printed name: _____

Signed name: _____

Date: _____