

Authorization for the Use of Photographs

I hereby authorize _____ (name) to take my photograph and submit the photograph to the Wellness Photo contest. I understand that this photograph may be used in the workplace.

I waive and release any and all claims, causes of action, liability or damages that I (or anyone claiming on my behalf) may have against the individual taking the picture.

I give permission to use my name (or the name of my child) in conjunction with this photograph.

Name (s): _____

I understand that my permission to use my photograph is voluntary.

I have read, understood and agree to this consent.

Name: _____

Signature: _____

Witness: _____

Date: _____