Photography Release

I give permission to the Centers for Disease Control and Prevention to use my picture in educational materials, brochures, presentations, articles, and other publications and on the Internet for educational and public health purposes, without compensation or time limitation.

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Photograph/Story Release Form

Date: ______________________________

I hereby grant to the REACH US: SEA CEED Charleston and Georgetown Diabetes Coalition of the Diabetes Initiative of South Carolina, the Medical University of South Carolina, the MUSC College of Nursing, and the MUSC Library program, its agents or assigns, my permission to use any and all pictures, photographs, recordings, or personal narratives about me for reproduction in any form for, but not limited to the REACH US: SEA CEED Charleston and Georgetown Diabetes Coalition web sites, posters, educational materials, advertising, illustration, television, radio, publications, or presentations about REACH US: SEA CEED Charleston and Georgetown Diabetes Coalition and release the Medical University of South Carolina from any liability herewith.

Print Name ___________________ Signature ___________________
Witness ___________________ Address ___________________
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Photograph / Story Release Form for Use with Minors

Date: __________________________

I affirm that I am the parent or legal guardian of ___________________________ And as such do hereby consent to the use by REACH US: SEA CEED Charleston and Georgetown Diabetes Coalition project of the Diabetes Initiative of South Carolina, the Medical University of South Carolina, the MUSC College of Nursing, and the MUSC Library program, its agents or assigns, any and all pictures, photographs, recordings, or personal narratives about my child for reproduction in any form for but not limited to, the REACH US: SEA CEED Charleston and Georgetown Diabetes Coalition web site, posters, educational materials, advertising, illustration, television, radio, publications, Or presentations about REACH US: SEA CEED Charleston and Georgetown Diabetes Initiative, and release the Medical University of South Carolina from any liability herewith.

Print Name ___________________ Signature ___________________
Witness ___________________ Address ___________________
Witness ___________________ City/State/Zip ___________________