



Harris County
Public Health
Building a Healthy Community

PHOTOGRAPHY CONSENT FORM/MODEL RELEASE

I, (*print name*) _____ hereby grant permission to Harris County Public Health, its employees or representatives, to take and use photographs, videos, and digital images of me for use in promotional or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video shall be the property of Harris County Public Health.