



2021 Wyoming Radon Video Contest

Photograph & Video Release Form

This form must be completed by each individual appearing in or involved with the video.

Please print clearly.

I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video tape to the American Lung Association, Wyoming Department of Health, and U.S Environmental Protection Agency. I understand that my image, likeness, or sound of my recorded voice may be edited, copied, exhibited, published, or distributed. I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image, likeness, or sound of my recorded voice. I also understand this material may be used in diverse educational or promotional settings within an unrestricted geographic area. I release any and all claims against any person or organization utilizing this material.

I understand this permission signifies that photographic, audio, or video recordings of me may be electronically displayed via the Internet or in the public educational setting. Photographic, audio, or video recordings may be used for the following purposes:

- Educational or promotional uses on the internet
- Conference presentations
- Informational presentations
- Other promotional events

I understand I will be consulted about a use for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio, or video recordings collected as part of the 2020 Wyoming Radon Video Contest only.

I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Full Name: _____

Signature: _____ Date: _____

If this release is obtained from a student under the age of 18, then the signature of that student's parent or legal guardian is also required.

Parent Full Name: _____

Parent Signature: _____ Date _____

Please print out, sign, and email to wdh.cancerservices@wyo.gov or mail to Wyoming Cancer Program • 122 West 25th Street, 3rd Floor West • Cheyenne, WY 82002