

# NDCPD Picture Release Form

Dated 1/17/07



I, \_\_\_\_\_, give permission to the North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University to take/use a photograph(s) and/or video(s) of

\_\_\_\_\_ to be used in NDCPD-sponsored functions or activities. These activities could include print materials, electronic media such as internet and online courses, and instructional materials such as videos, CDs and DVDs. This permission is given with no promise or expectation of value in return.

**This release covers any and all pictures of the individual listed above and has no expiration date.** Lastly, I acknowledge that I may rescind this permission at any time and that NDCPD will cease using any photos or videos of me. However, I recognize that once photos or videos are in circulation, they cannot be recalled.

**Relationship:**      \_\_\_ Parent              \_\_\_ Guardian              \_\_\_ Self

Name/Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of signature: \_\_\_\_\_

If you would like a copy of this release form, please request one at the time of signature.

**Thank you for your participation.**

## FOR OFFICE USE ONLY:

*NDCPD Staff Responsible for obtaining picture*

\_\_\_\_\_

*Thank you Sent*

***Include picture to the right →***



If pictures of this individual are obtained after the date of this release, please list future photo takes below.

\_\_\_\_\_