DISTRICT HEALTH DEPARTMENT NO.2

Alcona County	Iosco County	Ogemaw County	Oscoda County
311 Lake St. P.O. Box 218	420 W. Lake Street	630 Progress St.	393 S. Mt. Tom Road
Harrisville, MI 48740	Tawas City, MI 48764	West Branch, MI 48661	Mio, MI 48647
Tel: 989-724-6757	Tel: 989-362-6183	Tel: 989-345-5020	Tel: 989-826-3970

Photograph and Video Release Authorization Form

Date*:

I, the undersigned,

- ☐ Authorize photographs and/or video (images) to be taken of me/my child for use by District Health Department No. 2 (DHD2).
- ☐ Do not authorize photographs and/or video (images) to be taken of me/my child for DHD2. (if "do not authorize" is checked, go to client signature)

I hereby authorize DHD2 to use the image(s) for each purpose indicated here:

- ☐ Posting in Office
- ☐ Marketing
- ☐ External Presentations
- ☐ Media

This consent expires after ; DHD2 will not permit further release of my images after this date. If this section is not dated, then it will be understood that this authorization will expire one year from when the form was signed.
I may request cessation of filming or recording at any time.
I may rescind this Authorization up until a reasonable time before the image is used, and if posted, I can request the image to be removed.
I may inspect or obtain a copy of the images whose use or disclosure I am authorizing.
I have a right to receive a copy of this Authorization.
I understand that I will not receive any financial compensation.

Name of person in images (*please print*) *:

Guardian Name if under 18 (*please print*) *:

Email:

Phone Number:

Signature (*Guardian Signature if under 18*) *:

For Staff Use Only:

Authorization obtained by:*

Location:

Description:

Created: 2/19/2025
Board Reviewed February 2025, February 2026