I grant to Toledo-Lucas County Health Department, its representatives and employees, the right to make audio-visual recordings of me and my property, in connection with the above-identified subject. I authorize Toledo-Lucas County Health Department, its assigns and transferees, to copyright, use, and publish the same, in print, and/or electronically, and in perpetuity.

I agree that Toledo-Lucas County Health Department may use such recordings of me with or without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.

I acknowledge that the Toledo-Lucas County Health Department owns all rights in and to the recordings obtained in the project above for all purposes, and that they are released from any and all claims of action arising out of production, distribution, or broadcast of the above project.

I represent that I am 18 years of age or older, \* and have the right and capacity to enter this contract.

Signature Date

Print Name \*(guardian of)

Address

City State Zip