



## Department of Health and Human Services

### APPEARANCE RELEASE – Minor

**Title of Program:** \_\_\_\_\_

**Production Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

I, the undersigned, grant to the U.S. Department of Health and Human Services (“DHHS”) or its authorized representatives and contractors the right and license to record, film, photograph, tape and otherwise capture and reproduce in any manner my appearance, name, stage name, voice, likeness and performance; furthermore, DHHS shall have the right and license to use any biographical material that I might furnish. All images and sound captured on tape or otherwise shall be referred to in this Appearance Release as “the Recordings”.

I agree that DHHS shall (i) own all rights in the Recordings, including, but not limited to, the right to reproduce, prepare derivative works of, distribute, display or perform the Recordings (ii) have the right to use the Recordings, in whole or in part, in any manner or media (whether now existing or created in the future), in perpetuity, and in all languages, throughout the world, and (iii) be entitled to use the Recordings as DHHS deems appropriate, including, without limitation, for promotion and publicity purposes. “Media” for purposes of this Appearance Release shall include by way of illustration only: television broadcasts and rebroadcasts, newspapers, magazines, books (paper, audio, and electronic), Internet, videotapes, CDs, DVDs and electronic databases.

DHHS is under no obligation to use or exhibit the Recording in any manner. I waive (i) the right to inspect or approve of any use of the Recordings, (ii) any rights to injunctive relief I may have in connection with this Appearance Release, and (iii) the right to revoke this Appearance Release, and (iv) any moral rights I have in the Recordings.

I relinquish all monetary, invasion of privacy, libel, intellectual property, and other claims against DHHS and its authorized representatives, including, but not limited to, any claim to videotape produced for these programs. To the extent my appearance is considered a service, I render such service gratuitously and without expectation for any future payment or remuneration.

Since I am under the age of 18, the co-signature of my parent/guardian represents me in this matter. The undersigned has read the above release prior to its execution and is fully familiar with the contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Agreed to and Accepted:

Name (minor): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

(SIGNATURES)