

Agency of Human Services  
Department of Disabilities, Aging and Independent Living  
Authorization to Reproduce Physical Likeness and Release

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This form is optional.

I hereby grant the Vermont Department of Disabilities, Aging and Independent Living (hereafter called 'DAIL') the unrestricted right to use media containing likenesses of myself and my property including photographs, videos, and audio recordings. Such uses may include display, distribution, publication, or transmission of the media in print or electronically for educational, informational, or promotional purposes. I also consent that my name and identity may be revealed in conjunction with the media.

I understand that this media release has no expiration date and cannot be revoked at any point in the future by me or my descendents or legal representatives.

I hereby waive any right to inspect or approve finished media products that may be created now or in the future. I understand that DAIL may provide such media products to third parties for uses related to DAIL program activities.

I understand there will be no financial benefits or other compensation arising from or related to the use of this media.

I release DAIL from any and all claims and liability relating to the media. I also understand that I have no copyright or ownership of media taken by or given to DAIL.

I hereby acknowledge that I am at least 18 (eighteen) years of age and have the right to contract in my own name. I have read the foregoing and fully understand the meaning and effect thereof and intend to be legally bound by this Authorization and Release. This Authorization and Release shall be binding upon me and my heirs, legal representatives, and assigns.

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
MFP Representative Signature

\_\_\_\_\_  
Date of Signature