



Delaware Health and Social Services
Division for the Visually Impaired
1901 N. Dupont Highway
Biggs Building
New Castle, DE 19720

Media Consent Form

The undersigned does hereby authorize:

The Division for the Visually Impaired (DVI) and/or its associates, assistants, subcontractors and media representatives to photograph/film/interview:

Name (Please Print)

Purpose

The undersigned authorizes the Division for the Visually Impaired to permit the use and display of said photographs, images or interviews in publications, multimedia productions, displays, news releases, advertisements, or website to raise public awareness, generate support and promote positive images of both the individual and the Division.

The undersigned agrees the Division may use name or likeness supplied by the undersigned.

The undersigned releases and forever discharges the Division from any and all claims and demands arising out of or in connection with the use of said photographs, images, or interviews, including but not limited to, any claims for invasion of privacy or defamation.

My signature indicates that I have read this form and/or have it read to me and explained to me in a language that I can understand.

Accepted and Agreed:

Signature of Subject

Date

Signature of Legal Parent/Care Giver (if applicable)

Date

SUBJECT COPY



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