

# NORTH SLOPE BOROUGH

DEPARTMENT HEALTH & SOCIAL SERVICES

Barrow Early Learning Center

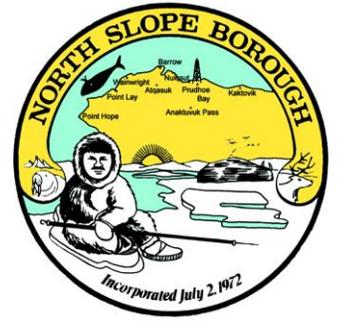
P.O. Box 69

Barrow, Alaska 99723

Phone:(907) 852-0340

Fax:(907) 852-0386

**Doreen Leavitt, RN, Director**



## Media Consent Form/Release

I, (print name) \_\_\_\_\_, hereby

- Grant permission
- DO NOT grant permission

to North Slope Borough Health Department representatives, to take and use: digital images, sound recordings and/or photographs of me for media, promotional or public relations materials. These materials might include electronic or printed publications, web sites, and other electronic communications.

**AND/OR**

I, (print name) \_\_\_\_\_, parent or legal guardian of  
(print child's name) \_\_\_\_\_, hereby

- Grant permission
- DO NOT grant permission

to North Slope Borough Health Department representatives, to take and use: digital images, sound recordings and/or photographs of my child for media, promotional or public relations materials. These materials might include electronic or printed publications, web sites, and other electronic communications.

I further agree that my identity and/or my child's identity may be revealed in commentary or descriptive text in connection with the media image(s). I understand that this consent is voluntary and can be revoked at any time by notifying the North Slope Borough Health Department in writing at PO Box 69, Barrow, AK 99723. I waive all rights, and claims for payment in connection with any release of these media images. All negatives, prints, and digital reproductions shall be the property of North Slope Borough Health Department representatives. I hereby release and forever discharge the North Slope Borough, including without limitation all of its officers, directors and employees and agents, from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness, arising out of, related to, or in any way connected with the use of digital images, sound recordings and/or photographs of me for media, promotional and public relations materials.

---

Signature of Adult Subject over 18

---

Date

---

Address

---

City, State, Zip

---

Phone

**AND/OR**

If granting permission for a child, I acknowledge that I have legal authority to sign this form on behalf of the minor(s) named above.

---

Child's Name

---

Relation to Minor

---

Signature of Parent/Legal Guardian

---

Date

---

Address

---

City, State, Zip

---

Phone