

I, _____ (insert name), hereby agree to the release of information photos, videos, or all of these media, subject to conditions listed below by the Department for use in the public arena, in accordance with the needs of the agency, including the internet and in the release of information to other media platforms operated by individuals outside the Department. I also understand that when information is posted on the Department websites that outside organizations may access it and use the information independently. This release applies to and covers the uses listed, but are not limited to: photographic, audio or video recordings which may be used for the following purposes: presentations, brochures, educational courses, informational presentations, on-line educational courses, educational videos and all DCF social media platforms,

I understand that I do not have to agree to this release of information, but do so knowingly subject to the following restrictions (check the applicable statements or "not Applicable"); I hereby release, discharge, and covenant not to sue the State of Connecticut, Department of Children and Families from any claims arising from the use of the Performance including, but not limited to, any claims that CT DCF has defamed me, invaded my privacy, or infringed my moral rights, rights of publicity or copyright. I hereby waive the right to inspect or approve any uses of the Performance.

I further agree that this agreement shall be governed by the laws of the State of Connecticut without regard to its principles of conflicts of laws, and shall be binding on me, my heirs, assigns, licensees, and legal representatives. If any term of this agreement is determined to be illegal, unenforceable, or in conflict with any law, the validity of the remaining portions will not be affected thereby.

- I do I do NOT Agree to have my full first and last name released
- I do I do NOT Not Applicable Agree to have ONLY my first name released
- I do I do NOT Agree to have my child(ren)'s full first name and last name released
- I do I do NOT Not Applicable Agree to have ONLY my child(ren)'s first name released
- I do I do NOT Agree to have the town/city of my family's residence released.
- I do I do NOT Agree to allow my face to be shown in pictures or video to be released
- I do I do NOT Agree to allow my child(ren)'s face(s) to be shown in pictures or video to be released
- I do I do NOT Agree to the release of information about me and my family but without any identifying information released.

I understand that authorizing the use or disclosure of this information is voluntary, and I do not need to sign this form to receive services. I understand that the confidentiality of my information is protected by federal and state confidentiality laws. I grant to the State of Connecticut, Department of Children and Families ("CT DCF") the right to copy, reproduce, photograph, distribute, transmit, broadcast, exhibit, transcribe, digitize, display, copyright, license, transfer, reproduce, translate, modify, edit or otherwise use throughout the world in all media now existing and hereinafter developed for educational, promotional or other purposes that support CT DCF's mission, in accordance with my above selected statements. My authorization will remain in effect in perpetuity except that I retain the right to revoke this release at any time. I understand that these rights are granted to CT DCF and may be used in whole or in part in any media without compensation.

I have read and understood this agreement, and I am over the age of 18. I represent and warrant that I have the legal right and power to grant CT DCF the rights granted above. Accepted and agreed to by:

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| | | |
| First and Last Name (Print) | Signature | Date |
| | | |
| Name of Parent or Guardian, if child is under 18 | Signature of Parent or Guardian, if child is under 18 | Date |
| | | |
| Address | City, State | Zip |
| | | |
| Name of Photographer | Signature of Photographer | Date |