Medical Reserve Corps CONSENT AND RELEASE: ________________________________

I hereby consent to the photography, audio, and video taping of myself and/or my minor child and/or other person for whom I have legal capacity to consent. I further consent to the future use of the audio or video recording, my likeness and/or voice by the Medical Reserve Corps (MRC) and its designees, including individual MRC units and the U.S. Department of Health and Human Services (HHS), for all purposes of education, instruction, or public information, with or without the use of my name in any medium, including publication or broadcast, print, television, radio, the internet or promotional or educational material. I understand that I retain no rights in the material and that it may in the future be reproduced or authorized for use by the MRC, individual MRC units, or HHS and their designees, without further permission. I release the MRC, individual MRC units, HHS and others from any claims arising out of such use.

Optional Photo Information:

_________________________________________  ________________________________
Date                                                                 Signature
_________________________________________  ________________________________
Print Name                                                                

_________________________________________  ________________________________
Contact Telephone Number                                                                 Contact Email Address

Photographer/Videographer

I, hereby grant to the U.S. Department of Health and Human Services (HHS), including the Medical Reserve Corps (MRC) program, and to individual MRC units and their sponsoring entities, an irrevocable, paid-up, royalty-free nonexclusive worldwide license to post, link to, share, distribute, and display publicly this photograph, video or audio product on the internet, social medial platforms, or other HHS or MRC products.

_________________________________________  ________________________________
Date                                                                 Signature
_________________________________________  ________________________________
Print Name                                                                

MRC Designated Official

_________________________________________  ________________________________
Date                                                                 Signature
_________________________________________  ________________________________
Contact Email Address/Telephone Number                                                                 Print Name