

**Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Birth Defects and Developmental Disabilities**

Talent and Consent Waiver

I agree to the use of my likeness or voice, or both, by the Department of Health and Human Services, Centers for Disease Control and Prevention (hereinafter, CDC), and its employees, agents, assigns, partners, and affiliates in audio or visual materials. Such materials may include, but are not limited to, still photography (film or digital), motion pictures or videotape, and voice recordings. These materials may be used in forms such as print media (for example, newspapers, magazine, and brochures), electronic media (for example, television video and audio), the Internet or CDC's internal Web site.

Any of these materials may be used with information including, but not limited to, my age, job, disability, or health condition. CDC may use these materials in their entirety or in part.

I understand that I am supplying my likeness or voice, or both to CDC without limit on their use and that CDC does not need my approval each time my likeness, voice, or both are used. I also understand that I will not be compensated (that is, paid in cash or kind) for use of my information, likeness, or voice..

I state that I am at least 18 years of age or, if I am younger than 18 years of age, I understand that my parent or guardian, if he or she agrees to these terms, must provide consent for the release and use of the materials detailed in this form.

Dated this _____ Day of _____, 20_____.

Print Full Name

Signature

Print Child's Full Name (if under 18 years old)

Address: _____

Email Address: _____

Home Phone: _____

Parent or Guardian Consent

I, the undersigned, being the (parent and/or guardian of the above named minor), do hereby consent to the above authorization and general release.

Dated this _____ Day of _____, 20_____.

Print Full Name

Signature