

CONSENT FORM

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(Print Name Clearly)

to the "In Focus! Safe Workplaces for All" photo contest, for the purpose of reproducing, distributing, displaying publicly, and/or modifying the photo by any means, whether in print or electronically, on a royalty-free, worldwide basis.

In regard to the use of these photographic images, I hereby waive any right that I may have to monetary compensation, or to inspect or approve the finished product, or the advertising or other uses made of the product. I also release the DOHS and its designees or assignees from any and all liability that may or could arise from the taking and use of these photographic images.

I have read and understand the assignment and release conditions described above. All of my questions concerning this form have been answered to my satisfaction. Submit questions to ORSSafetyDay@mail.nih.gov, or send written questions to:

NIH, OD, ORS, DOHS
Attn: DOHS Photo Contest Questions
Bldg 13, Room 3K04
13 South Drive, MSC 5760
Bethesda, MD 20892-5760

Signature: _____ Date: _____

(Parent or Guardian Must Sign for a Minor)

Name: _____

Address: _____

E-Mail: _____ Phone: _____