



Consent Form Adult

I hereby irrevocably consent to and authorize the use, publication and reproduction in any and all media at any time by the South Dakota Department of Education (DOE) or anyone it authorizes, of any and all photographs/video taken of me with or without names, as the case may be, for any editorial purpose, promotion, advertising, trade, or other purpose whatever.

I understand that the photographs or videos may be used initially in any or all publications in the promotion of DOE. I realize that this coverage may place my picture, with or without further explanation, alone or accompanied by other pictures, in a story, on a Web site, or on a cover of any or all publicity of DOE. I hereby release DOE, its staff and employees, or anyone it authorizes, from any and all claims whatsoever relating to or arising from the uses consented above.

I am over ____ years of age*, have read this consent and release, or have had it read and explained to me in my native language, fully understand its contents, and enter into it voluntarily and without coercion.

Please print.

Name _____

Event (if applicable): _____

Address _____

City, State, Zip _____

Phone _____

Date _____

Signature _____

Native Language Translator: (if needed) _____

*Must be over 19 in AL, WY, over 21 in CO, MS, PA, PR and WV, and over 18 in all other states.