

General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

I **do not give consent** to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name Date of Birth

Signature Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian