



National Institutes of Health
National Eye Institute
Bethesda, Maryland 20892

**Audio/Video/Photography
Authorization to Reproduce Physical Likeness
National Eye Institute
National Institutes of Health**

I hereby grant to the National Eye Institute (NEI), National Institutes of Health (NIH), and its contractors the right to use my picture, audio, and the video submitted as part of the Eye on the Future video contest in print media, on collateral materials, and on any other Communication related devices as part of the Eye on the Future campaign or NEI initiatives. These videos will be part of NEI's eye health education materials and therefore will be in the public domain and available for use by people outside the NEI.

I also grant permission to retouch or manipulate through artwork my likeness in any form whatsoever.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof.

Signature of Agreement [Check applicable boxes and sign]

If 18 years or older:

I am over the age of 18, and I have read and understood this Agreement. This Agreement includes the complete understanding of me and the Photographer/Videographer. No prior statements or representations change what is in this agreement.

Name: _____ Date: _____
(Print or Type)

Signature: _____

If under 18:

I, _____ **am the parent or legal guardian** of the minor named below. I have read this agreement, and I approve of what it says. This Agreement includes the complete understanding of me and the Photographer/Videographer. No prior statements or representations change what is in this agreement.

Parent or Legal Guardian:

Name: _____ Date: _____
(Print or Type)

Signature: _____

Minor:

Name: _____ Date: _____
(Print or Type)

Signature: _____