



Department of Health

Three Capitol Hill  
Providence, RI 02908-5097

TTY: 711

[www.health.ri.gov](http://www.health.ri.gov)

## PHOTO/INTERVIEW RELEASE FORM

Date: \_\_\_\_\_

I hereby grant the **Rhode Island Department of Health** permission to take personally recognizable images of me/my child for use in promoting the Dare to Dream Youth Leadership Initiative. I/my child will make no monetary or other claim against Rhode Island Department of Health for the use of the photograph(s)/video.

Name (print)\_\_\_\_\_

Signature\_\_\_\_\_

(must be a parent or guardian if subject is younger than 18 years of age)

Relation to subject (if subject is a minor)\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip code\_\_\_\_\_

Email\_\_\_\_\_

Phone\_\_\_\_\_

Event: May 2016 Dare to Dream Student Leadership Conference

**Return completed form to Deb Golding by May 11, 2016**

**Deb.golding@health.ri.gov**