



**Public Health**  
Prevent. Promote. Protect.

Bismarck-Burleigh Public Health



# MODEL RELEASE FORM

I hereby give my consent to Bismarck-Burleigh Public Health's Substance Abuse Prevention Program in Bismarck, North Dakota, its affiliates and assigns, to use my name, written letters or notes, portrait or picture (motion or still) for editorial or advertising purposes, for purposes of trade, or for any lawful purpose whatever. Such consent is granted freely, and without obligation, expressed, or implied, for payment or any other consideration from Bismarck-Burleigh Public Health and other entities receiving grants from the North Dakota Department of Health Tobacco Prevention and Control Program and is perpetual.

By signing this release form, I understand that students, teachers, and adult coordinators are participating in activities through Bismarck-Burleigh Public Health, Tobacco Free North Dakota, Fargo Cass Public Health, and other North Dakota local public health units at their own risk.

\_\_\_\_\_  
**Name of Student/Adult**

\_\_\_\_\_  
**Signature of Student/Adult**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**Date**

***Persons under 21 years of age must have the consent of a parent or guardian.***

*The undersigned, being named the parent(s) or guardian(s) of the minor(s) listed below, does hereby consent to and agree to be bound by the above release.*

\_\_\_\_\_  
**Print Name of Parent or Guardian**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**City/State/Zip**

\_\_\_\_\_  
**Date**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_