



MODEL RELEASE FORM

I hereby give my consent to Bismarck-Burleigh Public Health’s Tobacco Prevention & Control 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.

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: _____

