

CONSENT FORM

I hereby grant to the Occupational Safety and Health Administration (OSHA) of the United States Department of Labor, and its designees or assignees, my consent to use, in whole or in part, my photographic image, as incorporated in the photograph/s submitted by:

(Print Name Clearly)

to the "Picture It! Safe Workplaces for Everyone Photo Contest," for the purpose of reproducing, distributing, displaying publicly, and/or modifying the photo by any means, whether in print or electronically, on a royalty-free, worldwide basis.

In regard to the use of these photographic images, I hereby waive any right that I may have to monetary compensation, or to inspect or approve the finished product, or the advertising or other uses made of the product. I also release OSHA and its designees or assignees from any and all liability that may or could arise from the taking and use of these photographic images.

I have read and understand the assignment and release conditions described above. All of my questions concerning this form have been answered to my satisfaction. (Submit questions to photocontest@dol.gov, or send written questions to: United States Department of Labor, Attn: OSHA Photo Contest Questions, Room N-3647, 200 Constitution Avenue, N.W., Washington, DC 20210.)

Signature: _____ Date: _____
(Parent or Guardian Must Sign for a Minor)

Name: _____

Address: _____

E-Mail: _____ Phone: _____