

## Video/Audio/Photograph Release Form

I give permission for myself and/or family member(s) to be photographed and/or videotaped by the Missouri Department of Health and Senior Services for Educational and/or Broadcast purposes. This includes uploading it on social media and/or the website.



signature

## Video/Audio/Photograph Release Form

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES I give permission for myself and/or family member(s) to be photographed and/or videotaped by the Missouri Department of Health and Senior Services for Educational and/or Broadcast purposes. This includes uploading it on social media and/or the website.

signature



date



## Video/Audio/Photograph Release Form

I give permission for myself and/or family member(s) to be photographed and/or videotaped by the Missouri Department of Health and Senior Services for Educational and/or Broadcast purposes. This includes uploading it on social media and/or the website.



signature

date



## Video/Audio/Photograph Release Form

I give permission for myself and/or family member(s) to be photographed and/or videotaped by the Missouri Department of Health and Senior Services for Educational and/or Broadcast purposes. This includes uploading it on social media and/or the website.



signature

date