

Permission/Release Form

Please print name in the space below.

I, _____(individual/parent/guardian-**circle one**) grant permission for _____(person name) photo/video clip to be posted on the Dietitians and Nutritionists of Public Health Service web site. I understand that I am granting permission to publish the photo/video clip on the World Wide Web (WWW), a part of the internet for an indefinite period. Additionally, I understand that the Dietitians and Nutritionists of Public Health Service cannot control the viewing and use of this material once published/posted on the website.

Signature:

Individual: _____

Date: _____

Parent/Guardian: _____

Date: _____