## DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244





## **Model, Interview and Property Release Form** (Please print) I, \_\_ \_, hereby give permission to the Centers for Medicare & Medicaid Services (CMS), a component of the Department of Health & Human Services (DHHS), or any other component of DHHS, the right to use, publish, and/or broadcast images of: (a) me, and/or (b) my interview, and/or (c) my property, generally located at \_\_\_ in any media (e.g., print and digital photographs/images, electronic and print materials/publications, Internet, smart devices, video, audio, etc.) to be used solely for the purposes of carrying out the DHHS mission. I understand that the procuring of my image, my interview, or an image of my property by CMS or DHHS will result in a U.S. Government work that is not subject to copyright, and which will be U.S. Government property until such time as it is properly destroyed. I am providing these services to the Government gratuitously and will not make any claims against the Government for compensation of these services. (Please Print) Date: (MM/DD/YYYY) Adult Name: Home Address: Phone: City: State: Zip Code: Signature: Date: (MM/DD/YYYY) E-mail Address: If you are signing for a child or children under the age of 18, please complete the following information: (Please Print) 1. Child's Name: 2. Child's Name: 3. Child's Name: Parent/Guardian Signature: Date (MM/DD/YYYY):