



Alabama Safe Sleep Outreach Project Video Consent Form

The staff of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) would like to use a digital file (photograph, video, audio) of you/your child in an NICHD publication/website. NICHD is part of the United States federal government, so all NICHD materials are free of copyright, which means that anyone can use the publications or Web content, in whole or in part, without notifying NICHD. Because it will be available on the Internet and other media platforms, the content could potentially be viewed and downloaded by people around the world, instantly and without NICHD's knowledge.

NICHD requires that written permission must be obtained from an individual before using any photograph or graphical depiction of the individual. If you sign this form, either for yourself or for your child, the following conditions apply:

- I understand that by signing this form, I give NICHD permission to use my/my child's photograph, video recording, and/or audio recording in an NICHD publication/website/media platform.
- I understand that the content may be available in print and electronically.
- I understand that NICHD's publications, website, and other products are intended for informational purposes.
- I understand that no copyright applies to the photograph, video recording, or audio recording or to the information it accompanies, and that any public person can use the content without notifying me or NICHD of either their intention to do so or the context of that use.
- I understand that my/my child's image may be digitally edited (for example, changing the image size, the coloration, or the background) but that the alterations will in no way change the meaning of the image or its intended purpose.
- I understand that NICHD will retain this consent form only; the institute will not retain my/my child's personal information, nor will it provide such information to others.

I, _____, agree to the conditions listed above and give my
Print Your Name Here

permission for NICHD to use my/my child's image in NICHD health education publication(s) and other printed and electronic formats.

Signature of Individual/Parent/Guardian

Date

Names of All Children Being Photographed/Recorded