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## Model, Interview and Property Release Form

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(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) Adult Name:		Date: (MM/DD/YYYY)
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:	Age:
2. Child's Name:	Age:
3. Child's Name:	Age:

Parent/Guardian Signature:	Date (MM/DD/YYYY):
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