# Authorization to
# Take and Use Photographs

I (We) hereby voluntarily grant _____
(photographer)

permission to take and use photographs of _____
(myself, ourselves, minor or ward)

for the **specific** purpose of _____

_____.

I (We) understand that the photographs will be used solely for this purpose.

I (We) understand that the photographs will be used without compensation and will become the property of the Iowa Department of Human Services.

I (We) agree to hold the Iowa Department of Human Services and any employee of the Department harmless for any liability occasioned by the inclusion of _____

_____ in the photographs.

| | | | |
|---|---|---|---|
| Signature | | | |
| Relationship | | | Date |
| Address | City | State | Zip Code |
| Photographer | | | Date |
| Employer | | | Date |