

# Release Form

US Department of Transportation  
Federal Highway Administration (FHWA)

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant to the FHWA and U.S. Department of Transportation (DOT), its agents, contractors, and employees the absolute and irrevocable right and permission, in respect of the photographs or audio or video recording and their transcripts, that it has taken or has had taken of me,\_\_\_, or in which I may be included with others, to use, reuse, publish, and republish, and otherwise reproduce, modify and display the same, in whole or in part, individually or with other photographs, in any and all media now or hereafter known, for illustration, promotion, art, advertising and trade, or any other purpose whatsoever, and to use my name and identity therein or by descriptive text or commentary in connection therewith if it so chooses.

I hereby release and discharge FHWA, DOT, its agents, contractors, and employees from any and all claims and demands arising out of, or in connection to, the use of the photographs taken on \_\_\_\_\_ and ending on \_\_\_\_\_ in whatever media format used, including without limitation any and all claims for libel or invasion of privacy. I also understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives and assigns. I further release the FHWA from any responsibility for injury incurred during the photography or audio or video recording session.

I represent that have read and understand the foregoing statement, and am competent to execute this agreement.

Signed: \_\_\_\_\_

*(If minor, parent or legal guardian must sign and indicate both the child's name and the parent's name in the line below to constitute consent.)*

Printed Name: Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date: \_\_\_\_\_