



National Institutes of Health
National Institute on Drug Abuse
Bethesda, Maryland 20892

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Authorization and Release**

I authorize the National Institute on Drug Abuse and its contractors, legal representatives, successors and assigns (collectively, NIDA) to utilize photographs or videos that I have provided to NIDA as part of my participation in National Drug Facts Week for any and all purposes related to the promotion of National Drug Facts Week without financial compensation.

I understand and agree that any video footage, photographs, or recordings that I have provided to NIDA will become the property of the National Institute on Drug Abuse and will not be returned.

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Date

Print Full Name

Parent/Guardian's Signature

Street Address, City, State, and Zip

For Minors (under the age of 18)

I, the undersigned, being the parent and/or guardian of the above named minor, do hereby consent to the above authorization and release. I hereby warrant that I have read the above authorization and release, prior to its execution, and that I fully understand the contents, meaning, and impact of this authorization and release.

Date

Print Youth's Full Name

Print Parent/Guardian's Full Name

Parent/Guardian's Signature

Street Address, City, State, and Zip