



Model, Interview and Property Release Form

(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): |
|----------------------------|--------------------|