

# IDPTE Image Release Form

A release form must accompany image(s) of recognizable people. If such a release is not submitted with the image, then the face will be masked. If the face is unable to be masked appropriately (because of features that are crucial to the material being presented) then the image(s) will not be used.

**Instructions:** (1) Please feel free to copy or print the release and complete it for each recognizable person. (2) Make a copy of each release for your files. (3) Then, send original releases along with photocopy(ies) of your image(s) to: Idaho Division of Professional-Technical Education, 650 West State Street, Room 324, P.O. Box 83720, Boise, ID 83720-0095. (4) Finally, convert your image into digital image and send them via e-mail attachment to Sally Harris at e-mail address: sharris@pte.idaho.gov. Include a name and telephone number where you may be contacted.

## Program Area

**Check One** ✓  Ag Sci Tech  Bus Ofc/BPA  EST  Fam Con Sci  Hlth Prof  
 Tech Ed  Marketing  T & I  Other \_\_\_\_\_

I \_\_\_\_\_ (Insert Your Full Name) give the Idaho Division of Professional-Technical Education (IDPTE) permission-with respect to the image(s) (photographs, film, tape, etc.) taken of me on (insert date): Day(s) \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ at (insert location) \_\_\_\_\_ to use the image(s) along with my name to promote Idaho professional-technical education and its programs as IDPTE so chooses.

I release and discharge the person(s) who took the image(s) of me, his/her heirs, executors, assigns and any designee from any and all claims and demands arising out of or in connection with the use of these images (photographs, film, tape), including but not limited to any claims for defamation or invasion of privacy.

I am of legal age or am the parent / legal guardian of the above subject and have read the foregoing and fully understand the contents thereof.

\_\_\_\_\_  
Signature Phone Date

\_\_\_\_\_  
Print Name Witnessed by (person of legal age)