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| CONSENT AND RELEASE CONSENT TO PRODUCTION AND USE OF STILL AND MOVING PICTURES LIKENESS BOTH SOUND AND SILENT PICTURES, RECORDINGS, SOUNDTRACKS, AND TESTIMONIALS For use of this form see USACC Regulation 145-4. Proponent agency is ATCC-RMID. | OMB Control Number: 0702-XXXX OMB Expiration Date: XX/XX/XXXX |
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The public reporting burden for this collection on, 0702-XXXX, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB Control Number.

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| CAPTION/TITLE: | JOB NUMBER: |
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I, the undersigned, hereby consent to the making of portraits, still or motion pictures of my appearance and/or recording of my voice; and I grant to the U.S. Army, its successors, assigns, agents, and licensees, all rights of every kind and character whatsoever to use my name and biographical and other information concerning me, portraits, and any instrumental, musical, or other sound effects produced by me, and any copies made thereof or therefrom in any manner whatsoever, in whole or in part, for commercial and advertising purposes, and any testimonial statements made by me, including publication, distribution, theatrical and television display, including without limitation the Internet and any other electronic media, at the sole discretion of the U.S. Army, its successors, assigns, agents, and licensees without limitation as to change, duration, or frequency. I hereby warrant that I am over the age of eighteen years and have every right to contract in my own name in the above regard. I waive any inspection, fee, or approval of the finished advertisement, and I release the U.S. Army and any of its respective subsidiaries, affiliates, successors, assigns, or licensees from any liability or claim of alteration, optical illusion, or faulty mechanical reproduction and, likewise with respect to any distortion or illusion in sound reproduction, as well as use by third parties who access the Internet or other electronic media. I do also grant permission to use all, or part of the statements made by me in conjunction with other statements and to edit these statements as is deemed necessary.

PRIVACY ACT NOTICE TO ADVERTISING PARTICIPANTS

In accordance with the Privacy Act of 1974, as amended by 5 U.S. Code § 552(a), the following notice is provided:
AUTHORITY FOR COLLECTION OF INFORMATION: 10 U.S. Code 503
 Your signature on this consent and release form is voluntary, but your failure to sign the consent statement or to provide other requested biographical data will preclude use of your testimonial and photograph in any Army advertising materials.
PRINCIPAL PURPOSE FOR COLLECTION OF THIS INFORMATION:
 To document consent to production and use of still and moving pictures likeness for both silent and sound pictures, recordings, soundtracks, and testimonials. The information is also needed to provide identifying information for the purpose of writing Army advertising copy and to provide contact information if additional information is needed.
ROUTINE USES WHICH MAY BE MADE OF THE COLLECTED INFORMATION:
 None, other than the use necessary for the principal purpose and those disclosures generally permitted under 5 U.S. Code § 5521(b) of the Privacy Act.

I have read the above authorization and release, prior to its execution, and I am fully familiar with the contents thereof. I have also read and acknowledged the above privacy act information.

SIGNATURE: _____ DATE: _____

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| NAME <i>(Last, first, middle):</i> | RANK: |
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| PERMANENT ADDRESS <i>(Street, city, state, and Z/Pj)</i> | SPECIALTY/MOS <i>(Position title/skill identifier number):</i> |
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|--------------------------|-----------------------|
| TELEPHONE NUMBER: | EMAIL ADDRESS: |
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| INSTALLATION/ UNIT/ UNIVERSITY: | |
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If model is not yet 18, complete the following:

I, the undersigned, hereby warrant that I am the _____ of _____ a minor, and have full authority to authorize the above Consent and Release which I have read and approved. I hereby release and agree to indemnify the U.S. Army, their successors, and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above Consent and Release.

SIGNED BY _____
(Signature of Parent or Guardian)

ADDRESS _____

DATE: _____



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| USACC USE | |
| WITNESS: | |
| _____ <i>(Print Name/Rank)</i> | _____ <i>(Signature)</i> |

TELEPHONE NUMBER/DATE: _____