# TALENT RELEASE FORM

# Agency for Healthcare Research Quality (AHRQ)

# U.S. Department of Health and Human Services

I hereby grant to the Agency for Healthcare Research Quality (“AHRQ”) and [list any other offices or partners if working under a partnership] their assignees, successors, and those acting in pursuant to their authority, permission and worldwide rights in perpetuity to:

1. Record my participation and appearance on videotape, audiotape, file, photograph, or other medium.
2. Use my name, likeness, voice, CV, and biographical material [or that of the minor child in my control] in connection with or promotion of this production. In addition, nothing shall require AHRQ to use my name, likeness, voice [or that of my minor child] in any manner.
3. Exhibit, broadcast, cablecast, webcast, store and forward, copy, edit, and/or distribute such recording in whole or in part without restriction or limitation for any educational, commercial, or promotional purpose that AHRQ, its assignees, successors, and those acting pursuant to its authority, deem appropriate.
4. (a) No royalties or residuals will be paid to me for my participation. [If providing nonmonetary compensation] I will receive nonmonetary or promotional consideration only.  
     
   OR  
     
   (b) No royalties or residuals will be paid to me, but I will be paid a fee of $XX for my participation.
5. I hereby waive any right to inspect and approve the rough cut, promotional, or finished product.

I warrant that I am over the age of 18 years² and that I am free to enter into this Agreement [on behalf of my minor child].

[If a minor is used, this statement should be amended and additional signature lines should be added for a parent or guardian. Unless the participating minor cannot write, the participant also must sign the release form.]

By signing this release, I hereby agree to hold AHRQ harmless from and against any and all claims, liabilities, losses, or damages that may arise from my participation in this production.

Signature:

Printed Name:

Address:

Phone Number: (area code) xxx-xxxx Email:

Date signed: