

# RELEASE FORM

## Tell Us Your Story!

I give my permission to the Utah Department of Health (UDOH) to use all or a portion of my submitted story (written essay, video, photos, etc) for media and educational purposes associated with Tell Us Your Story!. I understand that the UDOH may edit or modify the content and that I may be contacted by the UDOH to verify my submission, or to be asked to share my story with other Utah families to help promote the importance of knowing one's family health history.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you are a legal guardian signing for a minor, please complete this form with your name and print the minor's name, age, and your relation here:

Minor's Full Name \_\_\_\_\_

Relation \_\_\_\_\_ Minor's Age \_\_\_\_\_