

APPENDIX M: TALENT WAIVER

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH**

TALENT CONSENT AND WAIVER

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Without limitation as to time, I hereby waive all rights for compensation in connection with the use of my name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said television tape or film recording, video tape, sound track or audio recording, motion picture film, filmstrip, or still photograph, in whole or in edited form and any use to which the same or any material therein may be put, applied or adapted by the United States Government and others in the health field.

IN WITNESS WHEREOF I have hereunto set my hand and seal this
day of _____ 20_____

Signature

Name (Print)

Address

State

Zip Code

WITNESS:

Signature

Date