Rusk County Public Health
Release Form for Use of Picture and/or quote

I give permission to the Rusk County Public Health and Rusk County WIC Program to use pictures of myself and/or my children or persons I have legal guardianship of who are named below for the Milky Way Rock Stars display:

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

WIC is asking for a quote that says 1) why you breastfeed or 2) what I love about breastfeeding. I give permission to the Rusk County Public Health and Rusk County WIC Program to use the following provided quote:

I give permission as follows (check all boxes that apply):

☐ Use the picture and/or quote in a Rusk County Public Health wall display

☐ The **first name** only of the person in the picture and/or quote may be included with the picture and/or quote

I understand that the picture and/or quote may be displayed for an undetermined amount of time. I further understand that this authorization is continuous and may only be withdrawn by my specific cancellation of this Authorization.

_____ _____

Name (print) Signature

_____

Date