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Do Not Disclose Outside OPM**

Official U.S. Office of Personnel Management Consent Form

For use with Video, Photo(s), Voice Recording(s), Testimonial, or Quote

PROJECT TITLE: _____

I _____ (Print First and Last Name) hereby agree to waive compensation and authorize video, photo(s) and or voice recording(s) to be made of me (or the above-named individual acting as legal guardian or custodian) by the U.S. Office of Personnel Management (OPM).

- To be used for informational, educational, and or public relations purposes both within OPM and by the general public, since all OPM prepared video, photo(s) and or voice recording(s) are works of the U.S. Government and are not subject to U.S. copyright protections.
- The end product will be shown on various OPM social media pages such as Facebook (www.facebook.com/USOPM), YouTube (www.youtube.com/USOPM), and Twitter (www.twitter.com/USOPM)
- I understand the video, photo(s) and/or voice may appear online as soon as 30 minutes after the taping, and will remain online indefinitely and may subsequently appear in OPM paper publications or other non- OPM publications that OPM deems appropriate that help promote or publicize the event or purpose that the video, photo(s) and/or voice recording was prepared.

I authorize disclosure and release of the video, photo(s) and/or voice recording to OPM.

I have read and understand the foregoing and I consent to the use of my video, photo(s) and/or voice recording as specified for the above-described purpose(s) or that of my custodian. I further understand that no royalty, fee or other compensation of any character shall become payable to me or my custodian by OPM for such use. I understand that consent to use mine or that of my custodian's video, photo(s) and/or voice recording is voluntary.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein mine or that of my custodian's video likeness appears.

I hereby hold harmless and release and forever discharge OPM from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate or that of my custodian have or may have by reason of this authorization.

I am at least 18 years of age, and or the legal guardian/custodian, and I am competent to contract in my own name or in the name of my child and I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Statement of Agreement: I consent to all the clauses in this Consent Form and waive compensation.

Signature of Individual or other legally authorized person

Date

Print Name

Title

Contact information (Include Address, Email and Phone Number):

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