

PHOTO 'OPT-OUT' WAIVER

Please pick up your red wristband at check-in and wear it for the entire time you are attending the 2026 AT Expo.

I hereby **DECLINE CONSENT** for the North Carolina Department of Health and Human Services and to any of its Offices or Divisions, referenced collectively as DHHS, to use, reproduce and/or publish the following:

- Name
- Photograph
- Interview
- Written statement
- Video recording (digital or tape)
- Voice recording

Description of proposed content: _____

for the purposes of:

- Advertising DHHS programs and services in all media
- Press release to major media outlets, print or broadcast
- Posting on social media, including Facebook®, and Twitter®
- Educational, research or recruitment materials/publications
- DHHS newsletter
- DHHS websites
- Other (please specify) _____

I understand that while DHHS will make reasonable efforts to respect my request, they cannot guarantee that I will not appear in the background of crowd shots, panoramic shots, or video footage where I am not a primary subject.

This declaration is valid for the duration of the 2026 AT Expo.