

Photo/Video Release Form

I hereby grant the California Association of Health Facilities (CAHF) permission to use my likeness in a video or photograph in any and all of its publications or promotional materials, including website entries. I acknowledge that I will not receive payment or any other consideration for this use.

I understand and agree that these materials will become the property of CAHF and will not be returned.

I authorize CAHF to edit, alter, copy, exhibit, publish or distribute this video or photo for purposes of publicizing CAHF's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge CAHF 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 have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

(Date)

If the person signing is under age 21, or unable to give their own consent, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)