

“i Choose” Immunization Campaign CONSENT AND RELEASE AGREEMENT

----PLEASE COMPLETE BOTH SIDES OF THIS FORM---

I hereby irrevocably consent to and authorize the use, re-use, publish and republish, and to license the right to use, re-use, publish and republish my or my child’s photo and personal statement or testimonial (written) and edit such statement in its sole discretion, in any medium or form of distribution without restriction as to changes or transformation in conjunction with my own or a fictitious name, made through any and all media now or hereafter known for any purposes whatsoever, including, without limitation, illustration, art, promotion, advertising or trade, by the and the California Immunization Coalition, or anyone authorized by the California Immunization Coalition, of any and all photographs and/or video filming, audio, and digital images submitted by me and/or my child, for any purpose whatsoever, without compensation to me or my child.

All photographic prints, including digital photos, and/or digitized computer outputs shall constitute California Immunization Coalition property, solely and completely. I understand this submitted image and/or photo is intended for health promotion purposes, including display on the whychoose.org website, public service advertising, posters, displays, audio-video presentations, and other promotional, training, educational materials, and for usage on the internet, including social networking websites.

I hereby release, discharge and agree to save harmless the California Immunization Coalition, and its employees or agents, affiliates, legal representatives or assigns and all persons acting under its permission or upon its authority or for whom it is acting, from any liability by virtue of any publication of my likeness or testimonial, including, without limitation, claims for libel or invasion of privacy, as well as any liability arising by virtue of any blurring distortion, alteration, optical illusion of use in composite form, whether intentional or otherwise, that may occur or be produced in the making of such picture or recording(s) or in any processing tending towards the completion of the finished product.

I hereby warrant that I am either of legal age or have permission from a parent or legal guardian to submit material to the California Immunization Coalition, and its employees or agents, affiliates, legal representatives and have every right to contract in my own name in the above regard. I understand that if I request the removal of my own or my child’s submitted picture, then the webmaster of the appropriate organization(s) will do so promptly. I state FURTHER that I have read the above AUTHORIZATION and release prior to its execution, and that I am fully familiar with the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Printed Adult and/or Guardian’s Name: _____

Signature: _____ **Date:** _____

Printed Child(ren) Name(s), (only complete if children appear in photo with you):



www.whychoose.org



www.immunizeca.org

THIS FORM HAS TWO SIDES – Please see reverse to complete the Personal Immunization Statement.