

RELEASE FORM

By signing this release form, I authorize The Community Health Care Association of New York State (CHCANY) to use the following personal information:

(1) My picture – including photographic, motion picture, and electronic (video) images.

and/or

(2) My voice – including sound and video recordings.

and/or

(3) My story – including a summarized or edited version.

I hereby grant to CHCANY, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant CHCANY all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant CHCANY the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for CHCANY's use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents.

IN WITNESS THEREOF, I have executed this release on this ____ day of _____, 2013.

Print Name:

Telephone Number:

Address:

Signature:

City/State/Zip:

If release is provided on behalf of a minor... TURN OVER

If release is provided on behalf of a minor:

I hereby certify that I am the parent or guardian of _____, who is under the age of eighteen years, to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby.

Parent/Guardian:

Telephone Number:

Address:

Signature:

City/State/Zip:

Witness:

Telephone Number:

Address:

Signature:

City/State/Zip: