

Community HealthCorps Media Release Form

I hereby grant the Community HealthCorps® Program the right to use my likeness in a photograph/video recording/audio recording in any and all of its products, including publications and Websites, without payment or any other consideration. I understand and agree that these materials will become the property of Community HealthCorps® and will not be returned.

I hereby irrevocably authorize Community HealthCorps® to edit, alter, copy, exhibit, publish or distribute this photography/video/audio for purposes of publicizing Community HealthCorps®' 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. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photography/video/audio.

I hereby hold harmless and release and forever discharge Community HealthCorps® 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 18 years of age or older 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 _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Telephone Number _____

If the person signing is under the age of 18, 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 _____ Date _____

