



## RELEASE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, the undersigned, agree as follows:

1. I have read, understand, and agree to the Terms of Use.
2. I agree to be photographed, recorded, and/or videotaped by the California Primary Care Association (CPCA) or my own agents as chosen of my own accord in connection with my participation.
3. I hereby irrevocably authorize CPCA and its affiliates to copyright, publish, reproduce, exhibit, transmit, broadcast, televise, digitize, display, otherwise use, and permit others to use, (a) my name, image, likeness, and voice, and (b) all photographs, recordings, videotapes, audiovisual materials, writings, statements, and quotations of or by myself (collectively, the "Materials"), in any manner, form, or format whatsoever now or hereinafter created, including on the Internet and for any purpose, including but not limited to, advertising or promotion of CPCA, its affiliates, or their services, without further consent from or payment to me.
4. It is understood that all of the Materials, and all films, audiotapes, videotapes, reproductions, media, plates, negatives, photocopies, and electronic and digital copies of the Materials, are the sole property of CPCA. I agree not to contest the rights or authority granted to CPCA hereunder. I hereby forever release and discharge CPCA, its employees, licensees, agents, successors, and assigns from any claims, actions, damages, liabilities, costs, or demands whatsoever arising by reason of defamation, invasion of privacy, right of publicity, copyright infringement, or any other personal or property rights from or related to any use of the Materials. I understand that CPCA is under no obligation to use the Materials.
5. This document contains the entire agreement between CPCA and the undersigned concerning the subject matter hereof.

Media Name/Topic \_\_\_\_\_

Today's Date \_\_\_\_\_

Participant's Name \_\_\_\_\_

Participant Signature \_\_\_\_\_