

Photographic and Video Authorization and Release Waiver ("Release")



As set forth in detail below, I _____, with a date of birth of _____, for myself and also, if applicable, as the parent and/or legal guardian of _____ (my "Child" or "Children") whose date(s) of birth is/are _____ hereby authorize California Mental Health Services Authority ("CaIMHSA") itself or its authorized affiliates, agents, employees, members, volunteers, and representatives, the right to take, use and publish my or my Child(ren)'s photograph(s), video recording(s), and/or related personal identifiable information I provide for electronic publishing to promote CaIMHSA's or its members business and programs including through promotion and advertising, social media, educational use or publication (e.g. public website, CaIMHSA events, trainings, YouTube, videos etc.), local, regional or national news, or other public communications.

I hereby freely and voluntarily grant to CaIMHSA the irrevocable right and permission, in respect of any photograph(s) and/or video(s) that it will take and will have taken of me or any of my Child(ren) listed herein (including photo(s)/video(s) taken with others), to copyright the same, in its own name or otherwise (and assign my rights throughout the world in such photograph(s) and video recording(s)), to use, re-use, publish and re-publish, edit, crop, retouch and otherwise reproduce, modify and display, in whole or part, individually or in conjunction with other photographs or video recordings, or with any other copyrighted matter, in any and all media now or thereafter known, for illustration, promotion, art, advertising and trade, or any other purpose whatsoever, and to use my name and the name of my Child(ren) set out herein in connection therewith if it so chooses.

I, for myself and my Child(ren), and our respective heirs, administrators, successors and assigns hereby release and discharge CaIMHSA, its members, officers, employees, volunteers, representatives, licensees, agents and assigns of each of them from and against any and all claims, liabilities, losses, expenses, causes of action, claims for fees or compensation, costs of every nature and/or damages of any kind (including, but not limited to, invasion of privacy, defamation, false light or misappropriation of name, likeness or image, unauthorized republication of image) arising out of or in connection with, the use of my, or my Child(ren)'s photograph, video, name or likeness, or any or all of them, by CaIMHSA for its or its members' promotional activities. I further understand that all grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I hereby waive all rights of privacy and/or compensation for me and my Child(ren) related to the grants and releases given to CalMHSA and waive any right to inspect the final photograph(s) or video(s).

CalMHSA may sell, assign, license or otherwise transfer all rights granted hereunder.

This Release shall inure to the benefit of the members, legal representatives, licensees, agents, employees, officers, directors, volunteers, and assigns of CalMHSA.

I acknowledge and represent that I am over the age of eighteen (18), that I have read the entire Release, that I understand its terms and conditions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor Child(ren).

Print Child(ren) Name(s): _____

Relationship to Child(ren): _____

Parent and/or Legal Guardian: (Print Name) _____

Parent and/or Legal Guardian (Signature): _____ Date: _____