



MODEL/PHOTO RELEASE

I hereby grant the High Sierra Area Health Education Center (AHEC) all rights, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by High Sierra AHEC in connection with my participation in a High Sierra AHEC or affiliated event. I grant High Sierra AHEC permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, current and future, controlled by the High Sierra AHEC, in perpetuity, and for other use by the High Sierra AHEC, for any purpose whatsoever without compensation to me. I acknowledge the High Sierra AHEC's right to crop or display the photo/video at its discretion. All negatives and positives, together with the prints and digital copies shall constitute High Sierra AHEC property, solely and completely.

Any material produced as a result of the program, including but not limited to flyers, posters, presentations, and brochures, is property of High Sierra AHEC and may be used for promotional, educational, or informational purposes.

NOTE: If you prefer **NOT to have your photograph taken, please indicate this preference by checking the box below.**

Check this box to indicate your refusal of photos being taken.

Participant/Model: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Printed Name

(Parent/Guardian if Minor): _____ Date: _____

Signature

(Parent/Guardian if Minor): _____ Date: _____