



Live Well. Health Matters.

MULTIMEDIA RELEASE AUTHORIZATION

SUBJECT'S NAME (Please print): _____

LEGAL GUARDIAN (IF SUBJECT IS UNDER 18 YEARS OF AGE): _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

By signing this form, I hereby grant Beach Cities Health District, its successors, assignees and licensees (collectively, the "District"), a non-exclusive right to record, display, publish, perform, transmit, commercialize, distribute, copy and otherwise use (collectively, "Use") my (or my son/daughter's) name, voice, signature, photograph, likeness and image. I further grant the District a non-exclusive right to Use any copyright I (or my child) may have in my (or my child's) performance, speech, interview, demonstration or materials. The rights that I am granting to the District shall be paid up, royalty free, perpetual, worldwide and freely transferrable and sublicensable. The District may exercise such rights through any means currently known or developed in the future.

I agree and acknowledge that I have received sufficient consideration for the rights granted above.

I warrant and represent that (i) I am 18 years old or older and have the right to contract in my own name; (ii) I have the right to grant the rights described in this agreement; and (iii) granting these rights does not breach any agreement I may have with any third party or otherwise interfere with any rights of any third party.

I represent that I am the _____ of _____, and consent to the foregoing on his/her behalf. This release shall be binding upon me and my heirs and legal representatives. This agreement sets forth the complete agreement with respect to the subject matter and supersedes any prior agreement or representation. This agreement may be modified only by a written agreement signed by both me and the District.

TESTIMONIAL/QUOTE _____

SIGNED: _____ DATE _____

SUBJECT: _____ DATE _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to, and, by signing below, I hereby do consent to the terms and conditions of this Multimedia Release Authorization. I understand that I will be liable should the minor disaffirm this Release.

LEGAL GUARDIAN: _____ DATE _____

PHOTOGRAPHER: _____