

I hereby grant to the California Department of Public Health (CDPH) full and complete rights to use my likeness for Print/Outdoor/TV/Web/Radio communications.

I waive any and all claims for future payments or royalties for the use, reuse or republication of my photograph, picture, image or voice. I waive any right to inspect or approve the finished product.

I agree that all pictures, images, footage, recordings are owned by NEOPB and if I receive any print or negative or copy, I shall not authorize its use by anyone else.

I understand the terms of usage stated above and agree to and authorize these terms with my signature below.

Signature of model	
Name (please print)	
Address	
Phone Date	
Witnessed by	
Agent	
If the person signing is under 18, consent should be given by parent or guardian, as follows:	
I, the undersigned, hereby warrant I am the parent/guardian of	
, a minor, and have full authority to authorize	
the above release which I have read and approved.	
Signature of Parent or Guardian	
Name (please print)	
Witnessed by	



