



**PERMISSION AND RELEASE FORM FOR PHOTOGRAPHY,
VIDEOTAPE OR OTHER RECORDED MATERIAL**

I, _____, agree to have my image and voice recorded by photography, videotape, digital reproduction or other means ("the Recording") by the California Medical Association Foundation (referred to herein as the "Producer" or "CMAF") for purposes of creating a product (the "Product") regarding: _____

_____.

I hereby waive any and all rights of ownership, copyright or trademark in the Recording or the Product; I waive any and all objections to any use of the Recording and Product by Producer and its subsidiaries, affiliated county medical societies, officers, staff, agents, successors, assigns and licensees (CMAF Agents), for any and all purposes and performances thereof, including but not limited to print and web publications used for the publicity of the CMAF; I waive any and all objections to identification of me or my name in the Recording and Product, accompanied by any narration and dialogue, publicity in connection therewith, and/or for any other membership, education, trade and advertising purposes of CMAF Agents.

I have read this Permission and Release Form and voluntarily agree to its provisions. I also understand that Producer will proceed with creation of the Recording and Product and its subsequent uses listed above in full reliance on my providing this release.

Date: _____

Signature: _____
(Parent or Guardian if individual is under 18 years old)

Print Name Here: _____

Address: _____

Witnessed By: _____

Print name of witness: _____