

Media/Photo Release Agreement

Kaiser Permanente-Residency/Fellowship Website, Program Collateral

I hereby consent to use of my name, voice, statements, photographs and likeness of me. Included in the agreement are motion picture, videotape and related representations involving use of my voice and/or picture of me, by Kaiser Foundation Health Plan, Inc., or any of its subsidiaries or any other organization (singly "Program Organization" and collectively "Program Organizations") now or hereafter participating in the direct service health care program commonly known as Kaiser Permanente Medical Care Program, and their successors media throughout the world, without restriction as to frequency or duration of usage and without compensation to me.

Kaiser Foundation Health Plan, Inc. shall be the absolute owner of any and all photographs, recordings and other items (and all rights therein, including the copyright) to which this Release Agreement applies. I further agree that any Program Organization may use my name, voice, statements, photographs and likeness of me, including representational forms, previously named, in any manner it chooses.

Complete the following if individual is under 18.

I, the undersigned, warrant and represent that I am the parent or legal guardian of _____, whose signature appears above. I have read this Release Agreement and am fully familiar with the contents thereof and I hereby grant my permission and consent to all of the foregoing.

Name (printed)
If minor, name of parent or legal guardian

Signature

Name of minor (printed)

Address

Date

City and State