



Right to Use Photographic Likeness

I, _____, hereby grant to Spokane Regional Health District, its partners, successors and/or assigns, the right to use and publish photographic portraits or photographic likenesses or pictures of me for the following purposes:

- ___ Spokane Regional Health District Websites: www.SRHD.org and www.THEDAILYRISK.com
- ___ Print materials
- ___ Advertising
- ___ Educational Presentations
- ___ Other Special Projects

I may be included in the photographic likenesses or pictures in whole or in part, modified or otherwise altered, in conjunction with my own or a fictitious name, or reproductions thereof, or in color or otherwise, made through any medium.

I waive any right I may have to inspect or approve the finished product other copy that may be used in connection therewith or the use to which it may be applied.

I understand that if my likeness is used on Spokane Regional Health District's web site, that the District cannot be liable for any unauthorized conversion of the photograph from the web site by technological means and hereby release the District from any such liability.

I release and discharge such photographer and Spokane Regional Health District, their successors and assigns and any person acting under their permission or authority, from any liability by virtue of any blurring, modification, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the pictures, or in any processing tending toward the completion of the finished product.

Dated this _____ day of _____, 20_____.

Minors (under 18) must also have signature of parent/guardian.

Participant Name (printed)	Participant Signature	Date
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Participant Address	City, State & Zip	Telephone Number
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Parent/Guardian Name (printed)	Parent/Guardian Signature	Date
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