

**Community Home Health Care Video and Photography Release**

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I agree that all materials containing any identifiable representations of me (including, without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of CHHC and I hereby assign any proprietary right I have acquired in or to such material to CHHC. I hereby release any moral, privacy, and any other rights I may have in and to any such materials including, but not limited to, those ground upon invasion of privacy, rights of publicity or other civil rights. I specifically release and forever discharge CHHC from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me.

I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates my name, voice, likeness or any other identifiable representation of myself. I understand that CHHC may assign all or any of their rights under this Release to a third party and I hereby consent to such assignment.

I have agreed to the above in consideration of the opportunity given to me by CHHC to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless my parent or legal guardian also signs this document.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
City, State, Country, Zip/Postal Code

I certify that I am a parent or legal guardian of the person identified above, who is a minor. I consent to the use of his/her name, voice, likeness and/or other identifiable representation of him/her as set forth above. I hereby release on behalf of myself and the person identified above any moral, privacy, and any other rights that I or the person identified above may have in and to any such materials including, but not limited to, those ground upon invasion of privacy, rights of publicity or other civil rights. On behalf of myself and the person identified above, I specifically release and forever discharge the Participants from any and all liability and damages relating to use of the above identified person's name, voice, likeness or any other identifiable representation of that person.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Minor's Date of Birth

\_\_\_\_\_  
Name of Parent or Guardian (Please Print)