



**First Choice Health Centers  
RELEASE FORM**

By signing this release form, I authorize First Choice Health Centers ("FCHC") to use the following personal information:

1. My picture – including photographic, motion picture, and electronic (video) images.  
and/or
2. My voice – including sound and video recordings.  
and/or
3. My personal story – which may include personal health information.

I hereby grant to FCHC, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, my personal story and printed and electronic copy of the information described in sections (1), (2) and (3) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant FCHC all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print/story, and further grant FCHC the right to give, sell, transfer, and exhibit the print/story in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for FCHC's use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents.

IN WITNESS WHEREOF, I have executed this release on this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

**Print Name:**

---

**Phone Number:**

---

**Address:**

---

**City/State/Zip:**

---

**Signature:**

---



***(If release is provided on behalf of a minor:)***

I hereby certify that I am the parent or guardian of \_\_\_\_\_,  
who is under the age of eighteen years, to whom this release applies and that I have the legal authority to execute  
this release. I approve the foregoing and agree that we both shall be bound thereby.

**Parent/Guardian:**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City/State/Zip:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

\_\_\_\_\_

**Witness:**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City/State/Zip:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

\_\_\_\_\_