

**Healthy Births through Healthy Communities:
Partners Symposium 2007:
Working Together to Sustain the Gain**

PHOTO RELEASE FORM

The undersigned hereby authorizes **LA Best Babies Network**, a program of California Hospital Medical Center, to photograph or permit other persons to photograph _____ while under the care of, or **participating in the activities** of the above named organization. The undersigned agrees that the above named organization may use and permit other persons to use the negatives or prints prepared from such photographs for the purposes and manner as either may deem appropriate. The undersigned agrees the photographs may be used for purposes including, but not limited to, dissemination to organization staff, physicians, health professional and members of the public for education, treatment, research, scientific, public relations and charitable purposes, and that such dissemination may be accomplished in any manner and that such use is subject only to the following limitations.

The undersigned has entered into this agreement in order to assist the **Network** project implementation, scientific treatment, education, public relations and charitable goals, and hereby waives any right to compensation for these uses by reason of the foregoing authorizations, and the undersigned and his or her successors or assigns hereby hold the organization and its successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

The term "photograph" as used in the foregoing agreement, shall mean motion picture or still photography in any format, as well as videotape, video disk and any other mechanical means of recording and reproducing images. The "photograph" is and will remain property of the above named organization

Date: _____

Print Name: _____

Signature: _____

Time: _____

Witness: _____

Signature of parent or guardian if person is a minor: _____

Relationship to Minor: _____