



Westminster **Free Clinic**  
**Photo Release**  
**Participant License, Release, and Waiver**

I grant to Westminster Free Clinic and its subsidiaries, affiliates, licensees, successors, and assigns (collectively, "Clinic") an unrestricted, sublicensable, assignable, irrevocable, perpetual, worldwide, royalty-free license to my voice, image, persona, likeness, and performance in any audio, visual, and audiovisual recordings (including, but not limited to, photographs, video tape, and audio tape) taken or to be taken of me by or on behalf of Clinic (the "Content"). This license includes the right to:

1. Reproduce, modify, create derivative works of, and otherwise use the Content or derivative work thereof, in whole or in part, in any manner and matter or in combination with any other material, in any format or media, whether now existing or hereafter devised, including, but not limited to, text, data, images, photographs, illustrations, animation and graphics, video, audio, and all formats of computer readable electronic, magnetic, digital, laser, or optical-based media (the "Works");
2. Use and permit to be used my name, whether in original or modified form, in connection with the Works as Clinic may choose; and
3. Publicly display, publicly perform, sell, rent, distribute (directly or indirectly), transmit, or broadcast the Works by any means now known or hereafter devised.

I waive all rights, including any right of prior approval, and release Clinic from, and will neither sue nor bring any proceeding against Clinic for, any claim or cause of action, whether now known or unknown, for defamation, copyright infringement, and invasion of the rights to privacy, publicity, or personality or any similar matter, or based upon or relating to the use and exploitation of the Content.

I agree that there is no obligation to use the authorization granted by me hereunder. The terms of this authorization commence on the date below and continue in perpetuity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature of Guardian  
(if participant is under 18 years of age)

\_\_\_\_\_  
Print Name of Guardian