

**NON-PATIENT
IMAGE RELEASE AND AUTHORIZATION**

****One form per Participant****

The undersigned does, in exchange for being permitted to participate in the Event, hereby authorize and grant to CHOC Children's the right to use the image, voice or photograph of Participant for the purposes of on-line advertising, illustrations, general advertising, editorial publications, broadcast, print public service announcements or video productions. CHOC Children's may, in some instances, receive compensation for this use, but the undersigned and the Participant will not be entitled to compensation. The undersigned, on behalf of Participant and Participant's heirs, assigns, executors and administrators' further releases CHOC Children's and its officers, directors, employees and volunteers from any and all claims arising out of the use of said images, voice or photographs. The name and address of Participant will not be used in connection with any advertising.

I may rescind this Authorization at any time by writing to the CHOC Children's Marketing Department at 1201 W. La Veta Avenue, Orange, CA 92868, but I will not be able to call back any photographs or information already released.

*Signature: _____ Date: _____

Name of Participant or Parent/Legal Guardian of Minor: _____

Print Name

*If signing as Parent/Legal Guardian of Minor, I confirm that I have the authority to sign this Image Release and Authorization on behalf of Participant.