



Health Plan of San Joaquin Photo Release

The undersigned hereby authorizes the Health Plan of San Joaquin (HPSJ) or its designee(s) to photograph or make audio and/or visual film recordings of _____ .

The undersigned agrees that Health Plan of San Joaquin or its designates may use or permit others to use, the audio and/or visual recordings, negatives or prints prepared there from for such purpose and in such manners as may be deemed necessary, including but not limited to promotional and publicity materials, HPSJ Internet Website or it's social media platforms (Facebook, Instagram, Twitter, Linked-In) etc.

The undersigned hereby waives any right to inspect and/or approve the finished product or products made from such recordings and photographs and waives any claim to royalties or any monetary compensation for appearing in such recordings and photographs.

This consent form shall be binding on all heirs, successors, and assigns, and represents the entire agreement between the undersigned and Health Plan of San Joaquin.

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Name (Print)

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Date

.....
Signature

