



Media and Publicity Release Form

I _____ give the Cambodian Health Professionals Association (CHPAA) of America and other agents acting on behalf of CHPAA, including any photographer or videographer, permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of CHPAA program activities. I agree that CHPAA has complete ownership of such pictures, including the entire copyright, and may use them for any purpose consistent with CHPAA’s mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensations, etc for the use of such pictures, etc., and hereby release CHPAA and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to CHPAA to use my name likeness to promote CHPAA’s programs, its affiliated partners, and/or their activities.

Signature

Date

parent/legal guardian (if age 17)

Date

I do not give my consent to CHPAA to use my name and likeness to promote CHPAA’s programs, its affiliated partners, and/or their activities.

Signature

Date

parent/legal guardian (if age 17)

Date