

**KAISER PERMANENTE (“KP”)  
ALL-PURPOSE Release and Consent Agreement**

Date \_\_\_\_\_

I, \_\_\_\_\_ (print name), in exchange for valuable consideration\* received, hereby irrevocably consent to the unrestricted use for or by Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, the Permanente Medical Groups, and each of their affiliates and subsidiaries and their respective directors, officers, employees, agents, customers, successors and assigns (collectively “KP”) of the following (mark below only those items that you are releasing):

- Photographs/Video Recordings:** any and all photographs and/or video recordings taken of me and all images created from such recordings (collectively “Images”)
- Audio Recordings:** any and all audio recordings made of my voice and all recordings created from such recordings
- Name/Statements:** my name and any stories, statements or quotes I have provided (whether quoted or paraphrased, with or without enhancements)
- My Personal Artwork, Photos or Other Creative Works:** paintings, songs, stories, videos, photographs or other original, creative works (“Creative Works”) which I created and have submitted to KP for its use. Briefly describe the Creative Works here:  
\_\_\_\_\_  
\_\_\_\_\_

I am: (mark all that apply)

- a KP member     a KFHP or KFH employee
- a Permanente Medical Group physician, employee or partner
- Other (please specify) \_\_\_\_\_

**Scope of Consent.** KP may use my name, Images, audio recordings, statements and/or Creative Works as indicated above, for any and all purposes, including but not limited to use in promotional materials, health education materials, public relations, professional education, and art, and in all media, including electronic, digital, Internet, and print media, without further compensation to me. I certify that I am not a minor and am free and able to give such consent. (If Talent is a minor, parent or guardian must complete the relevant section below.)

**Term.** The term of this consent shall be fifteen (15) years from the date of my signature below.

**\*The term “Consideration” means any and everything you might have received from KP in exchange for your participation, whether it’s a gift card or just the fun of being a part of our promotional activities.**

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**Waiver.** I waive any right to approve: 1) the finished photographs, Images, audio recordings and/or statements made by me and any, marketing materials or other printed, video or digital matter that may be used in connection with my name, Images, audio recordings, statements and/or Creative Works; and 2) the eventual use of any of the foregoing. I acknowledge that KP owns all rights in the photographs, Images, audio recordings and/or statements made by me and I waive any claims that I have or may have based on its usage of them or any works derived from them.

**License:** As to the Creative Works, I hereby grant to Kaiser Permanente a world-wide, non-exclusive, royalty-free, irrevocable, sublicensable and transferable license to use, distribute, modify, reproduce, publicly perform and publicly display the Creative Works and any related materials for any and all purposes and in all media.

**Release and Warranty.** I hereby release and hold harmless KP from all damages and liability that may arise from or in connection with the use of my name, Images, audio recordings, statements and/or Creative Works. I warrant and affirm that I own all rights in the Creative Works and have the full legal right and authority to grant KP permission to use them. I further warrant that I have the written consent of each and every identifiable individual person in my Creative Works to use their likeness for the purposes identified herein.

**Entire Agreement.** This consent form is the sole agreement between KP and me regarding my participation in the project and I am not relying on any other oral or written representations made by KP.

Name:		
Address:		
City:	State:	Zip:
Signature:		Date:
NUID #:		

**If the Talent is a minor, parent or guardian must complete the following section:**

I, the undersigned, as parent or legal guardian of the minor whose name appears below, hereby consent to the foregoing conditions and warrant that I have authority to give such consent.

Name and Date of Birth of Minor:		
Address:		
City:	State:	Zip:
Signature of Parent/Guardian:		Date: