



SIERRA HEALTH FOUNDATION
An Endowment for Northern California

Photograph Release Form

I, the undersigned, as parent or guardian of the minor named below, give permission to Sierra Health Foundation to copyright and use, re-use, publish, and re-publish photographic portraits or pictures of the minor alone or in a group. I understand the photographs may be adjusted for quality, color and artistic effect for use in advertising and promoting Sierra Health Foundation's grantmaking programs. I understand this may include posting the photographs on Sierra Health Foundation's web site and including them in printed materials related to Sierra Health Foundation's grantmaking programs.

I hereby waive any right that I or the minor may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release Sierra Health Foundation from any liability, and any claims for libel or invasion of privacy.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard, I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Date

Minor's Name

Minor's Address

Parent or Guardian Signature

Parent or Guardian Address

*Celebrating 20 Years
of Grantmaking*