



AUTHORIZATION, CONSENT, AND RELEASE TO CENCAL HEALTH TO USE PHOTOGRAPHIC, VIDEO, OTHER LIKENESS, VOICE RECORDING OR STATEMENT

I, _____ (Please print full name) give permission to CenCal Health, to use my and/or my child's:

- Personal images by photograph, video and other likeness (such as drawings or paintings) (initial here: _____)
- Voice recording (initial here: _____)
- Written or verbal statement (initial here: _____)

Please print full name of each child

The above checked material(s) was obtained at:

Description of event and location

on (date): _____

I understand that CenCal Health may freely use the materials to share with the public the services and benefits it provides to Medi-Cal members, and to the communities in Santa Barbara and San Luis Obispo counties as a whole. CenCal Health may use all possible ways to share with the public, such as in printed and electronic publications, including websites or other electronic forms or media. I also understand that in such sharing, CenCal Health cannot guarantee that any shared materials will not be reproduced or copied by third parties without permission.

In addition, I understand that no personal information, such as my name, will be used unless it is identified as follows: _____.

Furthermore, I understand that I will not be compensated for the use of the materials.

Signature

Date

Mailing Address

Email Address

Phone Number