

PHOTOGRAPH/MEDIA CONSENT AND RELEASE FOR VOLUNTEERS

I hereby consent and authorize an employee or agent of County of Riverside Community Action Partnership to take photographs or motions pictures; or to procedure videotapes, audiotapes, closed circuit television programs, web casts, or other types of media productions that capture my name, voice, and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

I authorize the County of Riverside Community Action Partnership to copyright the Materials, and I authorize the County of Riverside Public Health Department to use, reuse, copy, publish, display, exhibit, reproduce, license to third party, and distribute the Materials in any educational or promotional materials or other forms of media, which may include, but are not limited to catalogs, articles, magazines, recruiting brochures, websites or publications, electronic or otherwise, without notifying me.

I agree that I am participating on a voluntary basis and I will not receive any payment from County of Riverside Community Action Partnership for signing this release or as a result of any publication of the Materials.

I acknowledge that this consent and release will remain in effect such time that my volunteer term ends or I revoke it in writing.

Volunteer Name

Volunteer Signature

Phone Number

Date

**Please return signed form to:
Community Action Partnership
Attn: Andrea Alpine
2038 Iowa Ave., Suite B-102
Riverside, CA 92507
Email: AAlpine@ruhealth.org**