



**THE CENTER**  
*at Sierra Health Foundation*

### **Photograph/Video Release Form – Minor**

I, the undersigned, as parent or guardian of the minor named below, give permission to Sierra Health Foundation and The Center to use photographic pictures and/or video images of the minor alone or in a group for the purpose of promoting Sierra Health Foundation and/or The Center programs. I understand this may include posting the photographs and/or videos on Sierra Health Foundation’s web sites and/or social media sites and including them in printed materials.

I hereby waive any right that I or the minor may have to inspect or approve the finished product or products or the 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 and The Center 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 have read the above authorization, release and agreement. This release shall be binding upon me and my heirs, legal representatives and assigns.

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Date

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Minor’s Name

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Minor’s Address

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Parent or Guardian Signature

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Parent or Guardian Address