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I waive any and all claims for future payments or royalties for the use, reuse or republication of my photograph, picture, image or voice. I waive any right to inspect or approve the finished product.

I agree that all pictures, images, footage, recordings are owned by NEOPB and if I receive any print or negative or copy, I shall not authorize its use by anyone else.

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I understand the terms of usage stated above and agree to and authorize these terms with my signature below.

Signature of model \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_

Agent \_\_\_\_\_

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If the person signing is under 18, consent should be given by parent or guardian, as follows:

I, the undersigned, hereby warrant I am the parent/guardian of \_\_\_\_\_

\_\_\_\_\_, a minor, and have full authority to authorize

the above release which I have read and approved.

Signature of Parent or Guardian \_\_\_\_\_

Name (please print) \_\_\_\_\_

Witnessed by \_\_\_\_\_

For CalFresh information, call 1-877-847-3663. Funded by USDA SNAP-Ed, an equal opportunity provider and employer. Visit [www.CaChampionsForChange.net](http://www.CaChampionsForChange.net) for healthy tips.