



CONSENT, RELEASE AND ASSIGNMENT OF PHOTOGRAPHIC/VIDEO/VERBAL RECORD

I consent to permit San Diego Blood Bank (“SDBB”) to use or disclose photographs, videos or other recordings for purposes, including, but not limited to, education, outreach, illustration, publicity, marketing, advertising, Web content, Facebook, Twitter, Social Media and fundraising.

- 1) Use of Photos. I authorize SDBB to photograph me. I understand that such photograph(s) may include still photography, videotaping or digital imaging. I waive any ownership right in any photograph that is taken and understand that such photograph(s) are the exclusive property of SDBB. I waive any right to review the photograph(s) or to approve the format, style or medium of the photograph(s), including whether the photograph(s) are in printed or electronic format. I release, waive and discharge SDBB from any and all legal liability and claims that may result from the lawful use or release of the photograph(s).
- 2) Use of My Name. I authorize SDBB to use my name in connection with any publication in such manner as SDBB, without restriction on its sole discretion, shall determine.
- 3) Use of Information about the Care and Treatment of a Medical Condition. I authorize SDBB to use any quotation or comment made orally or in writing by me, my parent, legally authorized representative, physician or other healthcare provider concerning my medical condition, care and treatment. I authorize the use and disclosure of information about my medical condition, care and treatment in connection with the photograph(s) and/or other materials.
- 4) Permit Media Access. I authorize SDBB to permit the media to have access to and photograph or videotape me. I understand that once the media obtains information about and image(s) of me, the media may re-disclose the information and that the information and image(s) will not be protected.

I authorize SDBB to use the materials in all forms of media (print, electronic, video and other formats). I further allow SDBB to use said materials without compensation of any type or form, now or in the future, to the individual or his or her parent(s) or other legally authorized representative(s).

I understand that this consent is voluntary and that I may refuse to sign this consent form. I understand that this consent has no expiration date.

I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on this consent. The revocation must be in writing, signed by me or my legally authorized representative, and delivered to San Diego Blood Bank Quality Assurance/Compliance Department, 3636 Gateway Center Avenue, Ste. 100, San Diego, CA 92102 or by email QACompliance@sandiegobloodbank.org.

I understand the matters discussed on this form. I release San Diego Blood Bank, its employees, agents and officers from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized herein.

I understand that I am entitled to receive a copy of this consent.

Name: _____ Date: _____

Address: _____

Signature of Individual or Legally Authorized Representative of Individual

Relationship to Individual/Description of Authority to Act for Individual

I hereby request the revocation of this consent. The revocation will take effect when San Diego Blood Bank receives it, except to the extent San Diego Blood Bank or others have already relied on it.

Name: _____ Date: _____
(Individual or Legally Authorized Representative of Individual)

Signature: _____
(Individual or Legally Authorized Representative of Individual)