

“i Choose” Immunization Campaign PERSONAL IMMUNIZATION STATEMENT

ADULT age 18 +

Thank you for choosing to be part of the “i Choose” campaign. Your participation helps others understand the importance of immunizations! To protect your privacy, we’ll only use your first name, city or county of residence in materials. Your address, last name and other contact information will remain confidential.

----PLEASE COMPLETE BOTH SIDES OF THIS FORM----

1. Main Adult Contact Person for the Photo:

First & Last Name (printed) _____

Phone number: _____ Email: _____

City, State & County of Residence: _____, _____, _____

We will only call you if we have questions about your photo or information you provided on this form. We will use your email address to send you the link to your photo when it's added to the whyichoose.org gallery. We do not SPAM.

2. Briefly tell us why you believe that immunizations are important for you and/or your family:

3. If there are other people under the age of 18 appearing in the photo with you, please list the following:

First Name	Age	Male/Female
_____	_____	_____
_____	_____	_____

If your child(ren) wishes to complete their own “Personal Immunization Statement,” please complete the “Under age 18 years” version of the form in addition to this form for each child.

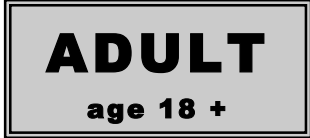
Other Information:

- Each adult in the photo must complete a separate “Personal Immunization Statement” and sign the “i Choose Consent and Release Agreement”. Participants may also be required to sign a local health department, coalition or other organization photo release form.
- If all people in the photo are from the same family, a parent or guardian can provide the names of the children that are pictured on one form.
- If the children and/or adults are in the same photo and are from different families, a parent/guardian from each family must complete the forms separately.



THIS FORM HAS TWO SIDES – Please see reverse to complete the Consent & Release Agreement.

“i Choose” Immunization Campaign CONSENT AND RELEASE AGREEMENT



----PLEASE COMPLETE *BOTH SIDES* OF THIS FORM----

I hereby irrevocably consent to and authorize the use, re-use, publish and republish, and to license the right to use, re-use, publish and republish my or my child’s photo and personal statement or testimonial (written) and edit such statement in its sole discretion, in any medium or form of distribution without restriction as to changes or transformation in conjunction with my own or a fictitious name, made through any and all media now or hereafter known for any purposes whatsoever, including, without limitation, illustration, art, promotion, advertising or trade, by the and the California Immunization Coalition, or anyone authorized by the California Immunization Coalition, of any and all photographs and/or video filming, audio, and digital images submitted by me and/or my child, for any purpose whatsoever, without compensation to me or my child.

All photographic prints, including digital photos, and/or digitized computer outputs shall constitute California Immunization Coalition property, solely and completely. I understand this submitted image and/or photo is intended for health promotion purposes, including display on the whyichoose.org website, public service advertising, posters, displays, audio-video presentations, and other promotional, training, educational materials, and for usage on the internet, including social networking websites.

I hereby release, discharge and agree to save harmless the California Immunization Coalition, and its employees or agents, affiliates, legal representatives or assigns and all persons acting under its permission or upon its authority or for whom it is acting, from any liability by virtue of any publication of my likeness or testimonial, including, without limitation, claims for libel or invasion of privacy, as well as any liability arising by virtue of any blurring distortion, alteration, optical illusion of use in composite form, whether intentional or otherwise, that may occur or be produced in the making of such picture or recording(s) or in any processing tending towards the completion of the finished product.

I hereby warrant that I am either of legal age or have permission from a parent or legal guardian to submit material to the California Immunization Coalition, and its employees or agents, affiliates, legal representatives and have every right to contract in my own name in the above regard. I understand that if I request the removal of my own or my child’s submitted picture, then the webmaster of the appropriate organization(s) will do so promptly. I state FURTHER that I have read the above AUTHORIZATION and release prior to its execution, and that I am fully familiar with the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Printed Adult and/or Guardian’s Name: _____

Signature: _____ **Date:** _____

Printed Child(ren) Name(s), (only complete if children appear in photo with you):



www.whyichoose.org



www.immunizeca.org

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