

"i Choose" Immunization Campaign PERSONAL IMMUNIZATION STATEMENT

MINOR
under 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----

Instructions for You:

- Complete the "My Information" section of the form.
- Your parent or guardian must give you permission to participate in the i Choose campaign. They need to sign the "Parent Permission" section below and sign the "i Choose Consent and Release Agreement" form.

Instructions for Your Parent/Guardian:

- Your child has an opportunity to participate in the i Choose campaign, a campaign that highlights the importance of immunizations throughout the State of CA. In order for your child to participate, he/she must complete the "My Information" section below. If your child is too young to complete the section and will be featured in the photo alone, you may complete this section for him/her.
- As his/her parent, you need to sign the "Parent Permission" section below and sign the "i Choose Consent and Release Agreement" form.
- 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 whychoose.org gallery.
We do not SPAM.

MY INFORMATION (complete if under age 18):

First & Last Name (printed) _____ Age _____

Your Email Address: _____

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

In a few sentences, please describe why you believe that immunizations are important for you and/or your family, friends or community below. *Feel free to use the back of this form to provide additional information if needed.*

PARENT PERMISSION: As the legal parent/guardian of the child/minor whose name is listed above, I give permission for him/her to participate in the "i Choose" campaign. I am comfortable with the information he/she provided in the "My Information" section above and have read and signed the "i Choose Consent and Release Agreement". I understand that a representative from "i Choose" or the California Immunization Coalition will contact me as the parent/guardian if they have any questions about the information provided on this form.

Parent's first and last name (printed) _____

Parent's Email: _____ Parent's Phone Number _____

Signature: _____ Date: _____

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



"i Choose" Immunization Campaign CONSENT AND RELEASE AGREEMENT

MINOR
under age 18

----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 whychoose.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:** _____

Please Print Minor's Name Below:



www.whychoose.org



www.immunizeca.org

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