

**Kaiser Permanente (“KP”)  
ALL-PURPOSE Talent Release and Consent Agreement  
— Use with KP Members, Employees, Clinicians, Nonmembers, Professional Models,  
Others**

Date \_\_\_\_\_

I, \_\_\_\_\_ (print name), in exchange for valuable consideration\* received, hereby irrevocably consent to the unrestricted use for or by Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, the Permanente Medical Groups, and each of their affiliates and subsidiaries and their respective directors, officers, employees, agents, customers, successors and assigns (collectively “KP”) of the following (mark all that apply):

**Photographs/Video Recordings:** any and all photographs and/or video recordings taken of me and all images created therefrom (collectively referred to as “Images” herein)

**Audio Recordings:** any and all audio recordings made of my voice and all recordings created therefrom.

**Name/Statements:** my name and any statements or quotes I have provided (whether quoted or paraphrased, with or without enhancements)

**My Personal Artwork, Photos or Other Creative Works:** paintings, songs, stories, videos, photographs or other original, creative works (“Creative Works”) which I created and have submitted to KP for its use. Briefly describe the Creative Works here:

\_\_\_\_\_

I am: (mark all that apply)

a KP member       a KFHP or KFH employee

a Permanente Medical Group employee or partner

**Other (please specify)** \_\_\_\_\_

**Scope of Consent.** KP may use my name, Images, audio recordings and/or statements made by me, as indicated above, for any and all purposes, including but not limited to use in promotional materials, health education materials, public relations, professional education, and art, and in all media, including electronic, digital, Internet, and print media, without further compensation to me. I certify that I am not a minor and am free and able to give such consent. (If Talent is a minor, parent or guardian must complete the relevant section below.)

**Term.** The term of this consent shall be fifteen (15) years from the date of my signature below.

**FOR KAISER PERMANENTE PHYSICIANS ONLY:** If your professional relationship with a PMG ends, KP may continue to use your name, Images, audio recordings and/or statements (as released above) beyond your termination date. However, if you notify KP in writing that your relationship has ended and request that it discontinue using your name, Images, audio recording and/or statements, any applicable printed materials will be used only until existing inventory has been depleted, and television commercials, radio spots, or similar high-profile materials may be used for so long as they were

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intended to be used at the time they were created. Such notice must be sent to Kaiser Permanente Brand Management, 393 E. Walnut St. (Parsons East Annex), Pasadena, CA 91188.

**\*The term “Consideration” means any and everything you might have received from KP in exchange for your participation, whether it’s a gift card or just the fun of being a part of our activities.**

**Waiver.** I waive any right to approve: 1) the finished photographs, Images, audio recordings and/or statements made by me, marketing materials or other printed, video or digital matter that may be used in connection with my name, Images, audio recordings and/or statements; and 2) the eventual use of any of the foregoing. I acknowledge that KP owns all rights in the photographs, Images, audio recordings and/or statements made by me and I waive any claims that I have or may have based on its usage of the photographs, Images, audio recordings and/or statements or works derived therefrom.

**Release.** I hereby release and hold harmless KP from all damages and liability that may arise from or in connection with the use of my name, Images, audio recordings and/or statements.

**Entire Agreement.** This agreement constitutes the sole agreement between KP and myself regarding my participation in this project, and I am not relying on any other oral or written representations made by KP.

Talent’s Name			
Address			
City	State	Zip	
Signature		Date	

**If the Talent is a minor, parent or guardian must complete below:**

I, the undersigned, as parent or guardian of the minor whose name appears above, hereby consent to the foregoing conditions and warrant that I have authority to give such consent.

Name and Date of Birth of Minor			
Address			
City	State	Zip	
Signature _____		Date	