

KAISER PERMANENTE
COPYRIGHT RELEASE AND ASSIGNMENT
CONSENT TO USE NAME

I hereby irrevocably grant to Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospital, and The Associated Permanente Medical Groups, which are commonly and collectively known as the Kaiser Permanente Medical Care Program ("Kaiser"), and their personnel and contractors, all right, title and interest, including copyright, in each and every original Work that I have submitted to Kaiser in connection with a contest or other promotional event or product. This copyright grant includes all Works that I have created, and, if noted below, all Works created by minor children for whom I am a parent or legal guardian. Such Works shall include, but are not limited to, drawings, sketches, paintings, photographs, prints, poems, songs, or other artistic works.

Kaiser may, in its sole and exclusive discretion, use or re-use, publish or re-publish, reproduce, modify, exhibit or distribute these Works for any purpose, including but not limited to education, advertising, marketing or other promotional purposes without restriction as to frequency or duration or medium of usage and without compensation to me or anyone else. **Kaiser may also use my name, or my children's name(s), for the purpose of identifying me (or my minor child) as the artist responsible for creating the Works.**

This agreement may only be modified in writing signed by the parties.

I have read the above release and assignment terms and I am fully familiar with the contents thereof. I warrant that I have full right and authority to grant this release and assignment of rights.

Name _____
Address _____
City _____ State _____ Zip _____
Signature _____ Date _____
Name and brief description of submitted Work: _____

If the Work was created by a minor, the minor's parent or guardian must complete the section below:

I, the undersigned, as parent or guardian of the minor identified below, hereby consent to the foregoing release and assignment and warrant that I have authority to do so.

Name of Parent/Guardian _____
Name of Minor Child: _____
Address _____
City _____ State _____ Zip _____
Signature _____ Date _____
Name and brief description of submitted Work: _____