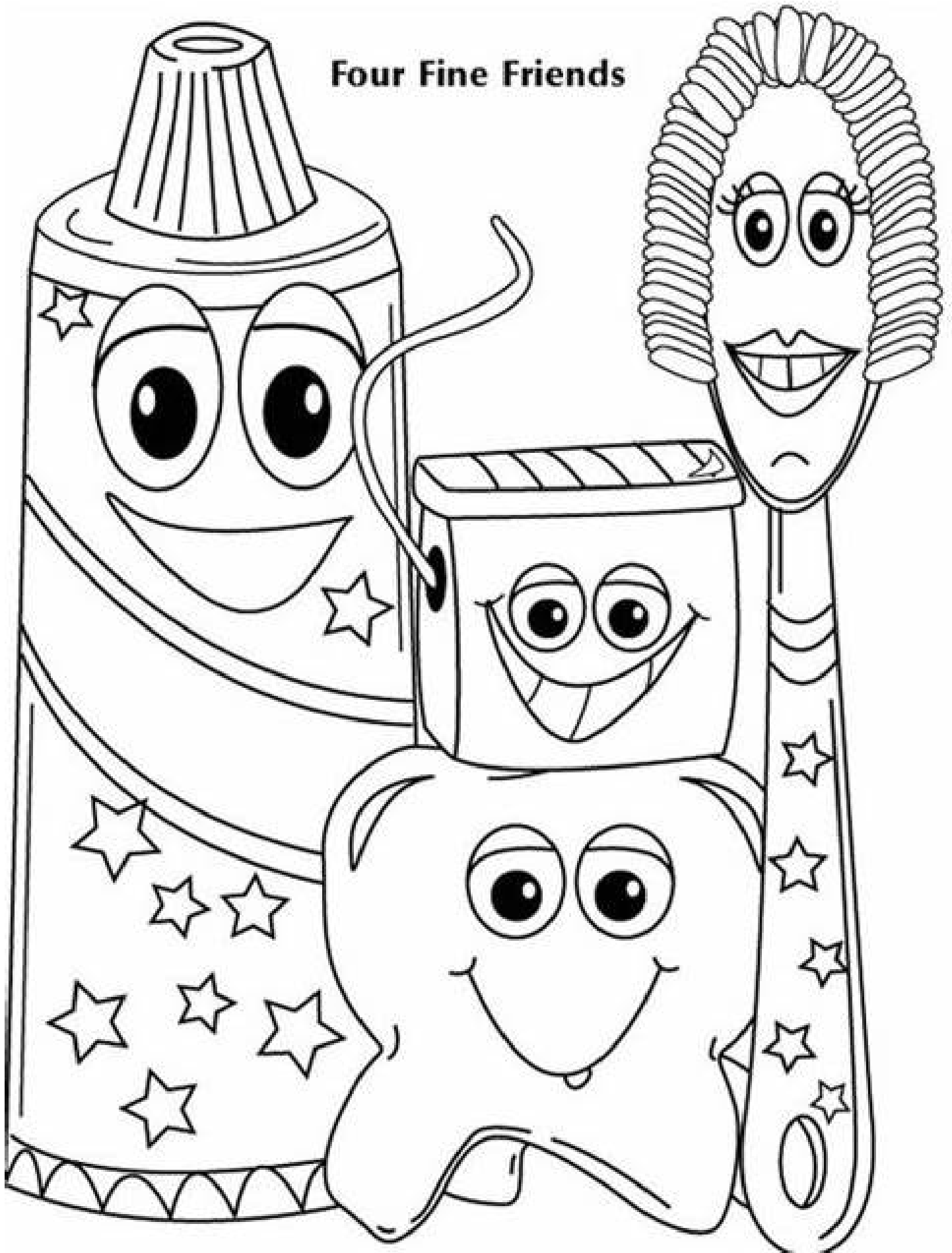


Four Fine Friends



## Mountain Valleys Health Centers Summer Coloring Contest

Child Name \_\_\_\_\_

Child Age \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Phone \_\_\_\_\_

Parent Email \_\_\_\_\_

I hereby grant Mountain Valleys Health Centers permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Mountain Valleys Health Centers and will not be returned.

I hereby irrevocably authorize Mountain Valleys Health Centers to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Mountain Valleys Health Centers' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Mountain Valleys Health Centers from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's Printed Name)

\_\_\_\_\_  
(Date)

Ways to Submit:

- Email to Dani Chandler at [dchandler@mountainvalleys.org](mailto:dchandler@mountainvalleys.org)
- Turn in artwork to your local MVHC Clinic
- Mail to P.O. Box 277, Bieber, CA 96009 Attn: Summer Coloring Contest