



Irwin Center
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San Francisco, CA 94118
PH: 415/567-6400
FAX: 415/921-6184

Authorization for Use of Information, Voice, Video and Image

I permit Blood Centers of the Pacific, without further obligation to me, to use my name, biographical material, voice, likeness or photograph in blood center print and electronic communications, publications, media relations and advertising.

I agree that no advertisement or other material need be submitted to me for any further approval.

I and my heirs, executors, administrators, assigns and personal representatives agree to release and discharge the blood center, its directors, officers, employees and agents from any and all liability for any use or disclosure of any information, including, but not limited to, all claims for damages for libel, slander, invasion of privacy or any other claim based on the blood center's use of the above-described materials.

The blood center shall be without liability to me for any distortion or illusionary effect resulting from the publication of my picture, portrait, likeness, photographic image or artwork.

I warrant and represent that this license does not in any way conflict with any existing commitment on my part. I have not heretofore authorized (which authority is still in effect), nor will I authorize the use of my name, picture, portrait, or likeness in connection with the advertising or promotion of any product or service competitive to, or incompatible with, the blood center.

I understand that I may inspect or request copies of any information disclosed by this authorization. I understand that I may revoke this authorization with written notification to the Executive Director of the blood center, knowing that previously disclosed information would not be subject to my revocation request.

Signature	Date
Print Name	Address
<i>For Minors:</i>	
Signature of Parent/Guardian	Date
Print Name	Address
Minor's Name	