

**MEDIA CONSENT AND RELEASE for adult**

I authorize any employee or agent of the Washington State Health Care Authority (HCA) to make photographs, videos, audio recordings, and any other record of me that includes my voice, image, or any other identifier. These are called the "Media" in this Consent and Release.

I also authorize HCA to modify the Media, and to use, distribute, and post them before or after modifying. I release HCA and its employees and agents from all liability.

I give and assign to HCA any rights and interests I have or may have in any of the Media. That includes, but is not limited to, my rights to copyright, privacy, and publicity as to the Media.

I authorize HCA to use, reuse, copy, publish, display physically or on the internet or elsewhere, license to any third party, modify, and distribute the Media, without notifying me.

I also agree that HCA may identify me by name and other identifying information.

I understand that I am not required to sign this to get any benefits from HCA, such as Apple Health (Medicaid) or Public Employees Benefits Board plans.

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Signature

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Date

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Print Name

5/28/15