

## Photo/Media Release Form for Adults

I,	, give Kohala Coast Urgent Ca	re and their
community partners my per	mission to use my photograph or like	eness
•	the images or multimedia may be use	•
•	tions, presentations, websites, and so	
payable to me by reason of	yalty, fee or other compensation sha such use.	II become
Patient's Name:		
Patient's Signature:		
Date:		