



Photo/Media Release Form for Minors (if under 18)

I, _____, give Kohala Coast Urgent Care & Mobile Health, and their community partners my permission to use my or my child's photograph or likeness publicly. I understand that the images or multimedia may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/ Guardian's Signature: _____

Date: _____