MEDIA, LIKENESS & ADVOCACY RELEASE FORM

Last Paragraph Outreach Campaign

I, _____ ("Participant"), grant permission to **Health Care Justice North Carolina (HCJNC)**, an affiliate of **Physicians for a National Health Program (PNHP)**, and its representatives, agents, partners, successors, and assigns, the unrestricted right to use my:

- Name
- Likeness
- Image
- Voice
- Statements or quotations
- Photographs, video, or audio recordings in which I appear

for purposes including, but not limited to:

Permitted Uses

Marketing, promotion, public education, storytelling, fundraising, outreach, advocacy efforts, and **lobbying activities**, in connection with the **Last Paragraph Outreach Campaign** and related initiatives.

Media Covered

These uses may occur in **all forms of media**, now known or later developed, including but not limited to:

Print publications, brochures, reports, posters, social media, websites, email communications, digital platforms, video, documentaries, livestreams, presentations, exhibits, cable television, broadcast television, podcasts, and other audio or visual formats.

Scope of Rights Granted

I understand and agree that:

1. My image and materials may be edited, adapted, or combined with other materials at HCJNC's discretion.
2. Use may occur **worldwide** and **in perpetuity**.
3. I will receive **no financial compensation** for these uses.
4. I waive any right to inspect or approve the final materials in which my likeness or statements appear.

5. I release and hold harmless HCJNC, PNHP, and affiliated parties from any claims arising from use of these materials, including claims related to privacy, publicity rights, or defamation, except in cases of intentional misconduct.

Voluntary Participation

My participation is voluntary. I understand I may request future discontinuation of new uses by contacting HCJNC in writing, though materials already produced or distributed may continue to be used.

Participant Name (Printed): _____

Signature: _____

Date: _____

Email or Phone (optional): _____

If Participant is under 18:

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____