



JOHN MCGINNESS
SHERIFF

**SACRAMENTO REGIONAL
MEDICAL RESERVE CORPS**



Media Release Form

I, _____, give my permission for the Sacramento Regional Medical Reserve Corps to utilize my (check all that apply) picture words voice so that it may be utilized by the Sacramento Regional Medical Reserve Corps and/or approved media representative in the following manner:

(check all that apply)

- photograph videotape audiotape
 television/radio spot published interview and/or article

Check one only if applicable:

_____ I prefer to remain anonymous (no name or fictitious name)

_____ I prefer that only my first name be used (no last name)

Patients/Patrons/Employees/Volunteers have the right to withhold such permission as requested in this document if they so choose. The Sacramento Regional Medical Reserve Corps respects individuals' right to privacy.

The Medical Reserve Corps Coordinator has explained this form to me and I understand it completely.

Signature

Date