

Success Story Submission Form

Older Californians Nutrition Program

Join us in celebrating the anniversary of the Older Americans Act Nutrition Program by sharing your success stories and best practices! During the month of March and beyond, CDA will highlight the impact of nutrition services for older adults by posting your stories on the CDA website and social media accounts.

To submit your stories, please complete the form below and include photos or videos with your story if possible. Note: for CDA to use the photo/video, we must receive a completed photo/video release form (see next page) for each person in the photo/video. Submit your completed form and photos/videos to CDANutritionandHealthPromotion@aging.ca.gov.

AAA Name / PSA Number	
Contact Name and Email	
Service Provider Name	
Site Name and City	

Success Story (500-word maximum)

*Please note: Stories may be lightly edited for consistency with CDA style and length considerations.



PHOTO/IMAGE/VIDEO/AUDIO RELEASE AND CONSENT AGREEMENT

I, for myself and on behalf of my heirs, successors and assigns, hereby irrevocably and perpetually grant to the State of California ("State"):

a) My consent and the right and permission to take, use, re-use, publish, and republish photographic portraits or pictures, video, and/or audio recording of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium, and in any and all media now or hereafter known, specifically including but not limited to print media and distribution over the internet, intranet, and extranet for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever.

b) My consent and the right to copyright interest in any works created, provided, developed, or produced under this agreement and ownership of any works not fixed in any tangible medium of expression and agrees to assign those rights to the State. For any works for which the copyright is not granted to the State, the State shall retain a royalty-free, non-exclusive, and irrevocable license throughout the world to reproduce, to prepare derivative works, to distribute copies, to perform, to display, or to otherwise use, duplicate, or dispose of such works in any manner for government purposes, and to have or permit others to do so.

I specifically consent to the digital compositing or distortion of the portraits or pictures, including without restriction any changes or alterations as to color, size, shape, perspective, context, and foreground or background. I also consent to the use of any published matter in conjunction with such photographs. I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection with them or the use to which they may be applied.

I agree that the State will own any and all rights in any materials developed using the information. I acknowledge that no monetary compensation is or will be payable to me for the use of my photos, images, video, and/or audio recording(s).

I release the State, its employees, contractors, agents, successors, and assigns from any and all liabilities, claims and demands arising out of or in connection with their use of the photographic portraits or pictures of me. I understand that my eligibility to participate in any State program will not be affected if I choose not to sign this authorization form. I hereby agree that the State of California may exercise all or any of the rights herein granted by me without claims, demands, or causes of action at law or in equity, whether for libel, defamation, violation of right of privacy, or infringement of any literary or other property right or otherwise.

I hereby warrant that I am of full age and have the right and capacity to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents of this document. This document shall be binding upon me and my heirs, legal representatives, and assigns.

Name (Print): _____

Address Line 1: _____

Address Line 2: _____

Signature: _____

Date: _____

If under 18

I hereby warrant that I am a legal competent adult and a parent or legally appointed guardian of the minor named below, and that I have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents of it. This release shall be binding upon the minor and me, and our respective heirs, legal representatives, and assigns.

Name (print): _____

Address Line 1: _____

Address Line 2: _____

Signature: _____

Date: _____

Minor's Name (Print): _____

Minor's Signature (if 14 or older) : _____

Date: _____