



Access.  
Quality.  
Affordability.

**Participant Testimonial: Personal Consent and Release Form**

901 South Stewart Street, Suite 1001 Carson City, Nevada 89701

775-684-7000 | 1-800-326-5496 | Fax: 775-684-7028

Email: [memberservices@peb.nv.gov](mailto:memberservices@peb.nv.gov)

**IMPORTANT NOTICE TO PEBP TESTIMONIAL PARTICIPANTS.**

Please read this personal consent and release carefully before agreeing to its terms. This is a legal and binding contract between you and PUBLIC EMPLOYEES' BENEFITS PROGRAM (PEBP).

This Consent contains information related to the use, disclosure, and ownership of your story, testimony, images, and other information you provide to PEBP and your participation in the Testimonial. By participating in the Testimonial, you acknowledge that you understand and agree to be bound by the terms set forth in this Consent. If you do not agree to the terms of this Consent you will not be authorized to participate in and share your Testimonial.

By signing this Consent, I grant PEBP and its representatives permission to use my story/testimonial/ photo on its public website [www.pebp.state.nv.us](http://www.pebp.state.nv.us), newsletters and other publications for health, wellness, educational, and communication purposes and, if applicable, to disclose my health information.

1. If provided, I authorize PEBP to publish my name or my child's name (if under age 18); photo/likeness and all or part of my/his/her testimonial/quotes.
2. I authorize this use in various PEBP-sponsored materials such as, but not limited to, newsletters, brochures, web pages, social media websites and videos promoting health and wellness activities/lifestyle changes. I understand that my story/testimonial/photo/video will also be accessible from and searchable on the Internet.
3. I understand that PEBP will not receive any payments for the disclosures.
4. I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my PEBP benefits, services, or eligibility.
5. This authorization will remain in effect until I revoke it by providing written notice to PEBP, except if PEBP has already acted and published your story/testimonial/images based on your permission.
6. I understand that if I request, PEBP will provide me a duplicate copy of this signed authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**PEBP MEMBER TESTIMONIAL**

We invite you to write about your weight loss and healthy nutrition accomplishments below.

Please use the back of this form if you need more room.



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**AUTHORIZATION AND RELEASE**

I hereby irrevocably authorize PEBP to copy, exhibit, publish, or distribute my/my child's name/story/testimonial/image/photo/likeness and all or part of my his/her testimonial quotes. My/his/her story/testimonial/image/photo/likeness and all or part of my testimonial quotes may be used in print publications, multimedia presentations, website, or any other distribution media.

I acknowledge that the Public Employees' Benefits Program cannot condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization.

I agree I will make no monetary or other claim against PEBP for the use of my/his/her name/image/testimonial. In addition, I waive any right to inspect or approve the finished product, including written copy or edited video wherein my/his/her testimonial appears.

I hereby hold harmless and release PEBP from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate may have, by reason of this authorization.

I have read the authorization and release information and give my consent for use as indicated above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If Child under age 18, Print Child's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date