

City of Boulder City  
**Vaccine Incentive Drawing Consent to Publicity & Release**

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NAME \_\_\_\_\_ PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BOULDER CITY EMPLOYER (IF A NON-RESIDENT) \_\_\_\_\_

**AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PROMOTION**

I, hereby voluntarily authorize the disclosure of protected health information (PHI) related to the COVID-19 vaccination to the City of Boulder City. The purpose of this disclosure is to disclose PHI related to the COVID-19 vaccination to appropriate persons related to Boulder City's Vaccine Incentive Drawing ("Promotion"). I understand that I may revoke this authorization at any time, except to the extent that action has been taken in reliance on this authorization, by submitting my request in writing to the City of Boulder City, City Attorney's Office, 401 California Avenue, Boulder City, Nevada 89005. Otherwise this authorization will terminate one year from the date of my signature. I understand that the City of Boulder City may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign the authorization. I understand that there is potential for information disclosed under the terms of this authorization to be redisclosed by the City of Boulder City and no longer protected by the Health Insurance Portability and Accountability Act Privacy Rule (45 CFR Part 164, Subpart E).

**BY CLAIMING OR ATTEMPTING TO CLAIM A PRIZE PROVIDED THROUGH THE PROMOTION, I HEREBY AGREE TO THE FOLLOWING TERMS:**

**CONSENT TO RELEASE OF VACCINATION STATUS AND PUBLICITY UPON CLAIM OF PRIZE**

I hereby grant the City of Boulder City, The Boulder City Hospital, a Nevada nonprofit corporation, and their respective owners, officers, employees, agents, contractors and subcontractors, representatives, agents, and designees (collectively, the "City and its Partners"), the irrevocable right and permission upon claim of prize to release to the public information regarding whether I received a vaccine against COVID-19, including without limitation: the fact that I received the vaccine, the manufacturer of the vaccine, how many doses I received, and the approximate time and location that I received any dose of the vaccine. I hereby further grant the City and its Partners the irrevocable right and permission to film, videotape, photograph and/or record me, and to use, reproduce, publish, distribute, display, and/or broadcast my name, likeness, image, voice, and/or appearance (the "Material") in any media, including but not limited to photographs, video recordings, audiotapes, and digital images in which I may be included intact or in part, composite or distorted in character, sound or form, alone and/or accompanied by other material, in any manner and without restriction, worldwide in perpetuity, royalty-free and without compensation, and without inspection or approval of use by me, for the purposes of advertising, publicity, promotion, and/or other marketing of or on behalf of the Promotion, in all media now known or hereafter developed (including but not limited to social media channels/platforms, other social media websites or applications, the Worldwide Web, television, radio and/or printed material).

**CONSENT, RELEASE, AND WAIVER OF LIABILITY**

I hereby hold harmless and forever release, discharge and indemnify the City and its Partners from any and all liability, injury, damage, death, litigation, claim, cause of action, loss or demand, known or unknown, which I, my heirs, agents, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this Acknowledgment, Consent and Release and/or the use of the Material, including without limitation all claims for invasion of privacy, right of publicity, defamation, false endorsement, and any other claims regarding personal and/or property rights.

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Signature (Parent/guardian if participant is a minor) \_\_\_\_\_ Date \_\_\_\_\_