

Purpose of this Guide

Photos and testimonials help share the impact of the Love Your Heart event across San Diego, the United States and Mexico. This media will be used on the *Live Well San Diego* website and social media channels as well as in the annual [Love Your Heart Summary](#).

Photo Waiver

The majority of Love Your Heart sites are hosting public screening events which permits general photos to be taken of participants without permission. However, if you are working in a small space, please be mindful of cultural norms – some people do not like to have their photograph taken or appear in photos without their permission.

For this event, sites should get consent from all persons (staff, volunteers, participants) who pose for a close-up photo or provide their testimonial for use by the County of San Diego Love Your Heart Team. English and Spanish versions of the media release form are found in this guide.

Please note that your organization may have their own requirements for consent to use the photos on your organization's social channels, but if you plan to send the picture to us, then we require consent for staged/posed pictures.

Best Practices for Capturing Photos & Testimonials

1. Introduce yourself to the staff and volunteers working at the site and let them know who you are and why you are there. You can start by asking if you can take their picture and if they would be willing to tell you a little about why they are participating in the event. Let them know that you will be asking participants to take photos and share their experience, as well.
2. Capture photos of participants.
 - To avoid skewing the blood pressure results, please do not approach a participant until after they have completed the blood pressure screening process. Some people can get nervous when asked to take a picture or give an interview which can increase blood pressure.
 - After the blood pressure has been recorded and nurse consultation given, introduce yourself to a participant and ask if it would be ok to take their picture getting their blood pressure checked. *Please be sure to get parental consent before taking photos with children in them.*
3. After the photo, ask if they would be willing to tell you a little more about why they decided to get their blood pressure checked today.
 - If the site is busy, ask the participant to join you away from the screening area for the interview.
 - If they refuse the interview but agree to the photo, ask if it would be ok to use their photo for social media posts and Love Your Heart summary report and have them sign the waiver. If they refuse, we may not use their image or quote.

- Testimonials can be collected by writing down responses, recording an audio clip with the voice recording app on your phone, or by taking a short video.

Types of Photos Needed

Medical Staff

- Medical staff taking BP of participant
- Medical staff in a group smiling (diverse groups are encouraged)
 - With stethoscopes or blood pressure cuffs
 - In scrubs or wearing their nursing school gear
- General volunteers (diverse groups are encouraged) standing at their check in table

Participants

- Participant seated with blood pressure cuff (relaxed or smiling, front or over the shoulder shot)
- Participant seated with blood pressure cuff and holding "I Got My Blood Pressure Checked" sticker
- Participant with their new BP pressure monitor (if site is distributing)
- Participant listening to medical staff
- Participant reviewing BP Quick Guide with staff or pointing at BP Quick guide

Testimonials

Question Prompts for Medical Staff:

- Medical staff
 - Can you tell me about your role in Love Your Heart?
 - Why is it important for individuals to get their blood pressure checked?
 - What is one small step people can take to support their heart/healthy blood pressure?
 - Do you think this event is making an impact in the community?
 - Is there a moment from today that stood out to you?

Question Prompts for Participants:

**** Not all questions below need to be asked, select 1-2 for your interview.***

1. Why did you decide to get your blood pressure checked today?
2. You do not need to disclose your numbers, but in general, were you surprised by your blood pressure reading?
3. Who are you getting your blood pressure checked for? Who do you want to "be there" for?
4. Why is it important to you to participate in Love Your Heart and get your blood pressure checked?
5. Were you aware of the importance of blood pressure on heart health before the event?
6. What would you say to encourage a friend or family member to get their blood pressure checked?

Submitting Content or Questions

Please submit all content and media release forms to LoveYourHeartSD@sdcounty.ca.gov. You may also contact the same email for any questions regarding submission of content.



**PHOTOGRAPH, TELEVISION, VIDEOTAPE,
MOVIE AND/OR SOUND RECORDING
AUTHORIZATION AND RELEASE**

I, _____
(Person appearing in photograph)

of _____
(Address)

hereby authorize and consent that the County of San Diego ("County") shall have the absolute right to copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes, and/or sound recordings, or any part thereof, they have taken or made of me or my child, or in which I or my child may be included in whole or in part.

I also grant permission to allow these images and/or recordings to be put to legitimate use at the discretion of the County, including publication in print, digital, or online media. I relinquish all rights, title, or interest to any finished products, reproductions or facsimiles.

I grant use and right to exhibit such pictures and recordings (originals or copies) and facsimile thereof, to the County or any of their assignees and agents.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I release County of San Diego and its elected officials, officers, employees, and agents from any and all claims, liability or obligation. I shall not own or claim any rights to such products nor to any portion thereof, and I waive all claims for any compensation for such use or for damages.

Date: _____

Signature: _____
(Person appearing in photograph)

Parent's Signature: _____
(If a minor is photographed)

Project: _____



**AUTORIZACIÓN Y DESCARGO
PARA GRABACIÓN POR FOTOGRAFÍA, TELEVISIÓN,
PELÍCULA, VIDEOCINTA, Y/O DE GRABACIÓN SONORA**

Yo, _____
(Persona apareciendo en la foto o grabación)

de _____
(Dirección)

Por este medio, autorizo y consiento que el Condado de San Diego ("Condado") tendrá el derecho absoluto de la propiedad literaria, publicación, uso, venta o asignar cualquier y cada retrato o fotografía, imagen por televisión, película y/o grabaciones sonoras o de videocinta o de cualquier porción de ellos que han tomado de mi o en donde yo o mi hijo sería incluido por imagen parcial o total.

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Fecha: _____

Firma: _____
(Persona apareciendo en la foto o grabación)

Firma de Padre: _____
(Persona retratada o grabada es menor de 18 años de edad)

Proyecto: _____