

CONSENT TO PHOTOGRAPHY, RECORDING AND/OR PUBLISHING**Official Use Only:**

Use this form if the subject to be photographed or recorded is NOT a patient and the product does not involve protected health information. DO NOT USE THIS FORM IF THE SUBJECT OF THE PHOTOGRAPH OR RECORDING IS A PATIENT. If the subject of the photography or recording is a Patient, use either Form No. PF-1 or PF-2, as appropriate.

Print Name (person to be photographed/recorded or owner of product/premises photographed)_____
Print Address_____
Telephone_____
Email

In consideration of the engagement as a model or actor and for other good and valuable consideration, the receipt of which is hereby acknowledged, I hereby permit (*Hospital, Foundation, etc.*) _____
_____ (hereinafter referred to as “**you**” or “**your**”) and the persons designated by you, to photograph, and/or make audio and/ or visual recordings, or create images in the likeness of (*name of subject, e.g., employee, model, actor, product, premises, etc.*) _____.

Description of event(s): _____ Date _____

(check one) One time event Series of events

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I waive the right to inspect or approve the finished product(s) and/or the advertising copy or other matter used in connection with the product or the use for which it may be applied. I further waive any claims to royalties or monetary compensation connected with such recordings, creations or photographs, or the publication or distribution thereof.

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ACCEPTED AND AGREED TO_____
Signature_____
Date_____
Print name_____
Signatory’s relationship to the subject (*If signatory is not the subject*)