

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

I grant to you and/or your affiliates, successors, or other persons acting under your permission and authority, the irrevocable, perpetual, unrestricted, royalty-free right, license and permission to copyright in your own name, and to use, re-use, publish, reproduce and distribute, such audio and/or visual recordings, pictures, composites, or other reproductions thereof, distorted or modified in form or character, without restriction as to changes or alterations, whether in conjunction with the subject’s true or fictitious name or in conjunction with other photographs or printed matter, made through any medium, including website publishing, for illustration, education, promotion, art, editorial, advertising, trade, or any purpose whatsoever, in such manner as you deem appropriate for such purposes. I understand that if such picture or image, or recording is published on the web, it may be downloaded by any computer user. You agree not to use the photograph/ recording/ image in any derogatory manner.

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.

My signature below confirms that I have the legal right to grant this license to you. I hereby release, discharge and agree to hold you and/or your affiliates, successors, or those acting under your authority or permission, harmless from any liability whatsoever connected with the photography, recording, or creation, or the use, re-use or publication of such images or recordings, including any blurring, distortion, alteration, cropping, or use in composite form, intentional or otherwise, that may occur or be produced in the processing of such products. This consent shall be binding upon me and the subject of this photography or recording (if different), my heirs, agents, legal representatives, and assigns.

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

CHMC Volunteer Identification Badge Agreement

1. The ID badge is an essential element of my uniform. I understand that I must wear the badge, suspended from the lanyard issued to me by HR, at all times while on duty.
2. The ID badge is an important part of maintaining a secure environment at CHMC. If my badge is lost or stolen, I will contact the Volunteer Services department for necessary authorization to receive a replacement badge.
3. The ID badge is for my own use in the completion of my volunteer duties. I understand that it is not transferable and that misuse of the badge may result in termination of volunteer status.
4. The ID badge is the property of CHMC. I will return the badge to the Volunteer Services Department upon resignation/termination of my volunteer status.

As a volunteer, I understand and agree to abide by the statements above.

Printed Name

Signature

Date

Take this form to the Human Resources Department to obtain a badge prior to your first day of service.

- * This can take up to 20 minutes.
- * You will have your picture taken. Be prepared to smile.
- * Badges include first names only. Approved Nicknames may be used.

CHMC, Human Resources, Leavey Hall 1st floor, Monday – Friday, 8am – 4pm, 213-742-5837

Volunteer Badge Authorization	
Name (print using uppercase letters)	
First Name:	Last Name:
Badge Name:	
Authorized Signature	Date