



**AGREEMENT AND GENERAL AUTHORIZATION
TO BE PHOTOGRAPHED AND/OR INTERVIEWED
and Right of Publicity Waiver**

Name of the subject of photograph and/or interview (PRINT): _____

This agreement and general authorization (Authorization) is made and entered into with the above organization by or on behalf of the above subject. As or on behalf of the above subject, I hereby voluntarily authorize the above organization and those organizations controlled by it or under its control, along with their respective subsidiaries, affiliates, agents, contractors, providers or employees (each and collectively an "Entity") to take photographs of me, any performance by me, and/or interview me. I understand that the word "photograph" may include, but not be limited to, film, video/digital image or other means of recording or producing visual images ("photographs"). I also understand an interview, if any, may involve, but not be limited to, audio or other recording device, podcast, webcast, blog, written recording or other public or private medium to preserve the interview discussion(s) or performance (collectively "interview material"). The term "interview material" may also include any written materials or photograph(s) that I provide to an Entity for the purposes described below.

I understand and agree that the photographs and/or interview material may be edited, modified and reproduced by an Entity and publicly used indefinitely and disclosed for any and all purposes deemed appropriate by an Entity. Such purposes may include, but not be limited to, education, treatment, internal or external communications including employee, fundraising, marketing and advertising activities for written, digital and social media channels, communication materials, promotional, and marketing publications (including postings on an Entity's public website, podcast, webcast, blog), and/or fundraising activities. I further hereby grant to each Entity a non-exclusive, royalty-free, perpetual, irrevocable and worldwide permission, license and right to sublicense to others the right to reproduce, modify, use, distribute, and create, in any format and medium, derivative works of my name, photograph, likeness, image, voice, appearance, performance, biography, composition and/or, as applicable, any interview materials that I may provide to an Entity. I give up and waive the right to inspect or approve any finalized interview, interview material, photograph or other finished product(s) for the above uses and purposes.

I understand that I may refuse to sign this Authorization, that there is no obligation to participate and, as applicable, treatment, payment, enrollment in any health plan, or eligibility for benefits will not be conditioned upon my signing this Authorization or for the use and/or disclosure of my photographs or interview material.

I agree to hold harmless each Entity, other third parties designated by Entity, and individuals that are involved in the production, duplication, publication, or any other use and/or disclosure of the photographs, and/or interview material from and against any claims, damages, losses and any other liability whatsoever incurred by any use and/or disclosure of the photographs and/or interview material as contemplated herein. I also understand that the photographs and/or interview material used and/or disclosed pursuant to this Authorization may be re-disclosed by a recipient and such cannot be controlled by any of the aforementioned parties.

In consideration for this Authorization and the rights granted to each Entity herein, I understand the applicable Entity will provide appropriate attribution in a record for the photographs and interview material, but may, at its sole discretion, omit such attribution if and when they are used. I understand that the Entity may or may not attribute credit to me for the photograph and/or interview material. I acknowledge the receipt and sufficiency of all consideration in connection with this Authorization. I waive and forego any other or additional consideration and/or compensation, such as payment or royalty, in connection with this Authorization and/or the photograph(s) and interview materials. I agree that if any provision of this Authorization is held by a court of competent jurisdiction to be invalid or unenforceable, such provision will be enforced to the fullest extent

that it is valid and enforceable under applicable law. All other provisions of this Authorization shall remain in full force and effect.

This Authorization is binding: The statements made in this Authorization are binding and controlling upon me and my heirs, agents, legal representatives, and assigns, and I understand that the statements take precedence over prior statements made including, as applicable, those contained any legal or privacy notices relating to the provision of healthcare services.

My signature below confirms that I have the legal right to agree and understand and agree to the terms of this Authorization.

Signature
(if subject is a minor who is not emancipated, then signature by parent or legal guardian)

Date

Print name

Signatory's relationship to the subject
(complete only if the person signing is not the subject of the audio/photos)

Street address of signatory

Phone

City, State, Zip Code

Type of ID presented. *Attach copy. (optional)*