

SHRINERS HOSPITALS FOR CHILDREN®

AUTHORIZATION TO USE PATIENT'S LIKENESS FOR MARKETING, PUBLIC RELATIONS AND FUNDRAISING PURPOSES

I understand that Shriners Hospitals for Children® ("Shriners") is a charitable organization which depends, in part, upon financial support from the public to operate its hospitals. I also understand that Shriners engages in marketing, public relations and fundraising programs designed to publicize the availability of its services and the need for continued financial donations and support.

I have been asked for permission to use photographs, slides, film, videotape, audiotape, motion pictures or other recordings containing my image and/or voice if I am 14 or older, or of my child, if I am the child's parent or legal guardian, as part of Shriners' marketing, public relations and fundraising programs. I have been assured that my consent, or refusal to grant such permission shall have no bearing whatsoever on any healthcare decision made by Shriners.

I wish to help Shriners in its marketing, public relations and fundraising programs, and I consent to the production and use of photographs, slides, videotape, audiotape, motion pictures or other recordings of _____ MRN: _____, or parts of his or her body, for any marketing, public relations and fundraising purposes.

This authorization form automatically expires five (5) years from the date it was signed. The use or continued use of any photographs, slides, film, videotape, audiotape, motion pictures or other recordings produced while this authorization is in effect will not be affected by the expiration of this document.

I can revoke this authorization at any time by notifying _____ in writing. However, revoking this authorization will not affect the use or continued use of any materials that were created based on my prior authorization.

I also understand that these photographs, slides, film, videotape, audiotape, motion pictures or other recordings may be distributed by other people (such as passing on their copy of a photograph) and that Shriners has no way to prevent this from happening.

I have been given an opportunity to ask questions about this authorization, and either I had no questions or they have been answered to my satisfaction.

I release any and all rights or claims for payment or royalties in connection with any exhibition, print and broadcast advertising, television, broadcast on Shriners Intranet Site or the Internet, digital distribution, or other showing of these motion pictures, videotapes, sound recordings or photographs used in furthering Shriners' mission.

I agree to hold harmless Shriners and its affiliated corporations, the hospital and all of its personnel and volunteers, The Imperial Council, Shriners International, Shrine Temples, their officers, members and employees from any and all liability related to the making or use of these photographs, slides, films, videotapes, audiotapes, digital recordings, motion pictures or other recordings.

I do ___ do not ___ consent to the use of my, or my child's last name in the publication of these photographs, slides, film, videotape, audiotape, motion pictures or other recordings in connection with the marketing, public relations and fundraising programs of Shriners Hospitals for Children®.

Patient's Signature (if age 14 or older)

Date

Parent/ Legal Guardian Signature (if applicable)

Date

Witness Signature

Date



Hospital/Public Relations Use Only

Patient Name: _____ F ____ M ____

Hospital: _____ D.O.B. _____ Age @ Photo _____

Orthopaedic

Burn

Spinal

Parent(s)/Guardian Names: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email address: _____

Photographer: _____

Comments: