



FOR USE BY THE SHRINERS HOSPITALS FOR CHILDREN AND SHRINERS INTERNATIONAL PUBLIC RELATIONS DEPARTMENT AND THE PUBLIC RELATIONS DEPARTMENTS OF THE FACILITIES OF SHRINERS HOSPITALS FOR CHILDREN

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

I understand that Shriners Hospitals for Children® (“SHC”) is a charitable organization which depends, in part, upon financial support from the public to operate its hospitals and that Shriners International (“SI”) is a 501(c)(10) organization that supports SHC. I also understand that SHC and SI engage in marketing, public relations, and fundraising programs designed to publicize the availability of SHC’s services, promote interest and membership in SI, and the need for continued financial donations and support.

I understand that by signing below, I am authorizing SHC and SI to use the first and last name and photographs, slides, film, videotape, audiotape, motion pictures or other recordings containing the image and/or voice of _____ (“Individual”), who may either be me or the minor I am signing this form on behalf of, as part of SHC’s and SI’s marketing, public relations, and fundraising programs (which programs may involve social media).

I wish to help SHC and SI in their marketing, public relations, and fundraising programs, and I consent to the production and use of the first and last name and photographs, slides, videotape, audiotape, motion pictures or other recordings of the Individual or parts of the Individual’s body, including but not limited to those taken at an SHC facility or at an SHC or SI community or hospital function, for any marketing, public relations, and fundraising purposes.

I can revoke this authorization at any time by notifying SHC or SI in writing. However, revoking this authorization will not affect the release of information which occurred prior to the revocation.

I release any and all rights or claims for payment or royalties in connection with any exhibition, print and broadcast advertising, television, broadcast on the SHC or SI intranet site or the internet, digital distribution, or other showing of the motion pictures, videotapes, sound recordings or photographs used in furthering SHC’s or SI’s mission.

I agree to hold harmless SHC, SI, and their affiliated corporations, the hospitals and all of their personnel and volunteers, Shrine Temples, their officers, members and employees from any and all liability related to the making or use of the photographs, slides, films, videotapes, audiotapes, digital recordings, motion pictures or other recordings.

I hereby knowingly and voluntarily authorize SHC and SI to use such information for the purposes described above.

_____/_____/_____
Signature of Individual/Parent/Legal Guardian Date

Print Name and Relationship to Individual

_____/_____/_____
Signature of the Witness Date

Witness (print name)

_____/_____/_____
Signature of Parent/Legal Guardian Date

Print Name and Relationship to Individual

_____/_____/_____
Signature of the Witness Date

Witness (print name)

Hospital/Public Relations Use Only

Individual Name: _____

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

Email address: _____

If disclosing the Individual's last name, please provide the following:

Nature of Publication (e.g., video, printed direct mailing): _____

Reason for Publication (e.g., fundraising, education): _____

Timeframe for Use and Disclosure of Individual's Last Name: _____

Comments: