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 understand that by signing below, I am authorizing Shriners to use the first name and photographs, slides, film, videotape, audiotape, motion pictures or other recordings containing the image and/or voice of ________________________________("Patient"), whose date of birth is ______________________________, as part of Shriners' marketing, public relations, and fundraising programs (which programs may involve social media). I understand 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 the first name and photographs, slides, videotape, audiotape, motion pictures or other recordings of the Patient or parts of the Patient's body, including but not limited to those taken at a Shriners facility or at a Shriners community or hospital function, for any marketing, public relations, and fundraising purposes.

This authorization form automatically expires when the Patient reaches the age of majority (generally eighteen (18) years of age). If I am signing this form as a Patient who already reached the age of majority, this authorization form automatically expires at the end of the Shriners project for which my information was obtained.

I can revoke this authorization at any time by notifying Shriners in writing. However, revoking this authorization will not affect the release of information which occurred prior to the revocation. I also understand that Shriners may share with others the photographs, slides, film, videotape, audiotape, motion pictures or other recordings, which, after sharing, may no longer be protected by privacy laws.

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 the Shriners intranet site or the internet, digital distribution, or other showing of the 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, Shriners International, 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 Shriners to use such information for the purposes described above.

____________________________________ ______/______/_____________
Signature of Patient/Parent/Legal Guardian Date

____
Print Name and Relationship to Patient

____________________________________ ______/______/_____________
Signature of the Witness Date

____
Witness (print name)

____________________________________ ______/______/_____________
Signature of Parent/Legal Guardian Date

____
Print Name and Relationship to Patient

____________________________________ ______/______/_____________
Signature of the Witness Date

____
Witness (print name)

Hospital/Public Relations Use Only

Patient Name: ____ F ____ M ____

Hospital: _________________ Age @ Photo ____

☐ Orthopaedic ☐ Burn ☐ Spinal ☐ Cleft Lip and Palate

Parent(s)/Guardian Names: ____

Address: ____

____

____

Home Phone: (_______)____________ Work Phone: (______)______________

Email address: ________________________________

Photographer: ________________________________

Comments: