

CONSENT TO PHOTOGRAPHY, RECORDING AND THEIR PUBLIC USE

<hr/> Print Name (person to be photographed/recorded or owner of product/premises photographed)	
<hr/> Print Address	
<hr/> Telephone	<hr/> Email

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby permit Dignity Community Care and CommonSpirit Health, and their respective subsidiaries and other affiliates (hereinafter individually and jointly 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 the above named person.

I grant to you and/or your affiliates, successors, or other persons acting under your permission and authority, the irrevocable, perpetual, unrestricted 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 person/owner named above (if different), our heirs, agents, legal representatives, and assigns. If the person to be photographed or recorded is a minor, I confirm that I am his/her parent or legal guardian and I am legally authorized to give this consent for such minor.

ACCEPTED AND AGREED TO

X _____
Signature of person to be photographed (if subject is an unemancipated minor, signature of parent or legal guardian)

Date

Print name of signatory

Signatory’s relationship to the person to be photographed (if signatory is not the subject)