



PHOTOGRAPH/VIDEOTAPE NEWS RELEASE CONSENT FORM

Location: CROUSE HEALTH

Occasion of photograph/videotaping: During volunteer service in Crouse Health

I hereby consent that photographs or visual images taken of below-named person may be used by Crouse Health for publication, illustration, display or other marketing/promotional purposes (including the Crouse Health website) without restriction of any kind at the sole discretion of Crouse Health.

I release and discharge Crouse Health, its legal representatives, licensees and assigns, and all parties or entities acting with its authority, from any liability arising out of or in connection with the use of these photographs or visual images.

I acknowledge that this consent and release is of perpetual duration and will remain in effect unless revoked in writing.

Child's Printed First and Last Name

Parent/Guardian Signature

Parent/Guardian Name Printed

Witness Signature

Witness Name Printed

****(If subject is a minor, this consent form must be executed by a parent or guardian.)***

- Internal (i.e., performance improvement or staff education)
 External (i.e., commercial filming, television programs, marketing, news media)