



DeKalb Memorial Hospital, Inc. d/b/a DeKalb Health Consent to Photograph, Voice Recordings or Video Tape

Name: _____ Date: _____

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby irrevocably give my consent to the photographing of myself and or the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial and other business purposes. I understand the term “photograph” as used herein encompasses still photographs, motion picture footage, video tape and digital recordings of any kind.

I further irrevocably consent to the reproduction and /or authorization by DeKalb Memorial Hospital d/b/a DeKalb Health to reproduce and use said photographs and recordings of my voice, for the use in all domestic and foreign markets. DeKalb Health may sell or assign the right to use said photographs to others, with or without consent of DeKalb Health, may use and or reproduce such photographs and recordings.

I hereby release DeKalb Health, and any of its associated or affiliated companies, their directors, offices, agents, employees, and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of any kind on account of such use.

I am under/over 18 years of age and competent to contract my own name in so far as above is concerned. I have read the foregoing release and authorization and fully understand the contents thereof.

Signature: _____ Date: _____

Witness: _____ Date: _____

I certify that I am the parent or legal guardian of _____ a minor child under 18 years. I hereby give my consent, release and authorization as set forth hereinabove.

Parent or Guardian: _____ Date: _____

Address: _____ Ph: _____