



Photograph/Video Release



Name _____

I hereby grant CompassionLink: HealthCare (hereinafter referred to as CL: HC) permission to use any photographs or videos taken by me or in which my voice and/or likeness may be seen or heard, in any and all publications and outlets at their discretion, including internet entries, and without payment or any other consideration. I release CL: HC from any expectation of confidentiality.

I hereby authorize CL: HC to edit, alter, copy, exhibit, publish, or distribute any photographs or videos, whether whole or in part, taken by me or in which I appear, for purposes of publicizing its ministries and medical missions. I understand and agree that the aforementioned photographs and videos may be used alone or in conjunction with other images, graphics, text, sound, and video. In addition, I waive the right to inspect or approve the finished product. Furthermore, I waive any right to royalties or other compensation arising or related to the use of the aforesaid photographs and videos.

I attest that this agreement will commence immediately upon signing, is retroactive to January 1, 1980, and will remain in effect unless and until revoked in writing by me, the undersigned.

I further attest that I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature / Date (age 18 or older)

For Parent/Guardian of Minor

I hereby certify that I am the parent or guardian of the person named above, and I do hereby give my consent without reservation to the foregoing on behalf of this person.

Signature / Date

Parent/Guardian Name _____