



**SOUTHCOAST HEALTH SYSTEM
VIDEO & PHOTO RELEASE FORM / PARENTAL CONSENT
(For Non-Patients)**

I, _____ (*clearly print name & title if applicable*), hereby grant permission to Southcoast Health System, Inc. and its affiliates ("Southcoast") to photograph/film/interview me and obtain and use my name, age, town and/or picture at _____ (the "Event") for publicity, promotional and endorsement purposes, including

_____,
(describe uses)
all in accordance with the terms of this release (the "Release").

I hereby grant Southcoast the right, but not the obligation, to publish, display, reproduce, perform, distribute, transmit and otherwise use images, videos, recordings or other materials depicting my image, likeness, life story or name and created during, used for or displayed at the Event (collectively, "My Likeness"). I hereby grant Southcoast the right, but not the obligation, to publish, display, reproduce, perform, distribute, transfer and otherwise use any works of authorship, art, multimedia or other item created by me and generated, used, displayed or donated during the Event (collectively, the "Works"). I agree that (a) My Likeness and the Works may be publicly shown and, in Southcoast's discretion, the Works may be offered for sale for Southcoast's fundraising purposes; (b) the rights granted to Southcoast herein are for use in any medium, whether such medium is now known or hereafter becomes known, including but not limited to print and electronic media, including websites and for all purposes of illustration, promotion, advertising and trade; and (c) Southcoast may use My Likeness in connection with the Works and the exercise of its rights under this Release if it so chooses.

I hereby waive, or where I am a minor or lack capacity to enter into this Release, my parent, guardian or legal representative hereby waives, all of my rights in and to a royalty or compensation related to Southcoast's use of My Likeness and the Works in accordance with this Release. I, or if applicable, my parent, guardian or legal representative, hereby release Southcoast from, and shall neither sue nor bring any proceeding against Southcoast for, any claim or cause of action, whether now known or unknown, for infringement, defamation, invasion of right to privacy, publicity or personality or any similar claim, or based upon or relating to the authorized use and exploitation of the Works.

I hereby agree that I have read the foregoing and fully understand and agree with its contents, or if I am a minor or lack capacity to enter into this Release, my parent, guardian or legal representative acknowledges that he/she has read and agrees to the terms of this Release on my behalf:

Name and School (if applicable) (please legibly print):

Signature:

If above-named individual is a minor or lacks capacity to enter into this Release:

Parent/Guardian/Legal Representative Name and Relationship (please legibly print):

Parent/Guardian/Legal Representative Signature:

Date: _____