



PHOTO, RECORDING & INTERVIEWING AUTHORIZATION RELEASE

To assist Healthy Plymouth and its Partners in the areas of education, public information and outreach, you, the undersigned or authorized individual, authorize Healthy Plymouth and its Partners to interview and/or record in any format (written, audio, video, still photography, drawing, web, multimedia and all future forms) the person named and/or their original work described below.

Furthermore, you hereby grant to Healthy Plymouth and its Partners exclusive rights in perpetuity to use and authorize others to use in any print and electronic media (present and future formats) its choice of interviews and images, voice and likeness and to use the individual's name in connection therewith.

_____ (initial) You also authorize Healthy Plymouth and its Partners to disclose demographic information, photographs, videotapes, or sound recordings to media outlets including but not limited to – newspapers, television, social media, or others.

You have the right to revoke this authorization at any time, except to the extent that action has been taken in reliance upon this authorization. If you do this, Healthy Plymouth and its Partners cannot control possible redisclosure by others after original distribution. You must send a written revocation to: Marketing & Communications Director, Beth Israel Deaconess Hospital-Plymouth, 275 Sandwich St., Plymouth, MA 02360.

Refusal to sign this agreement will not prevent you from participating in this event. You do waive any rights to compensation in connection with the use of any information pursuant to this authorization. A release is only valid when you give permission on the basis of informed consent. Informed consent means you understand what you are agreeing to. This authorization is granted to Healthy Plymouth and its Partners.

Today's Date _____

Participant's Name (PRINT) _____

Address _____

Area Code/Tel. Number _____

Email _____

Participant's or Parent Guardian's Signature _____