

# CONSENT FORM

(Must submit this form with each image.)

## Photographer Information

First & Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

School/Employer \_\_\_\_\_

## Photo Entry Information

Photo File Name \_\_\_\_\_

Title of Photo \_\_\_\_\_

Location Where Photo Was Taken \_\_\_\_\_

(General area, community, landmark, etc.)

### CONSENT

#### Statement of Consent

By signing below, I consent to my participation in the Featured Art at RMC project. I understand that if my entry is chosen, my entry may be displayed at the Regional Medical Center facility for the length of time designated by Regional Medical Center. I understand there will be no monetary compensation if my entry is chosen. I understand that I will maintain copyright of my own work, but I give permission to Regional Medical Center to utilize my image in the facility. I understand that my entry may be used in other areas of marketing, including, but not limited to, printed/promotional materials and electronic media (e.g. social media, website).

*In giving my consent, I waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive and release all current and future claims I may have against Regional Medical Center, arising from the use of an image or recording including, but not limited to claims of defamation, invasion of privacy, rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration or optical illusion that may appear in the finished product. Notwithstanding the foregoing, I reserve the right to revoke my consent in writing, which will be effective only upon receipt by the Marketing Manager at RMC.*

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

*If under 18, you must have a Parent/Guardian sign the consent form.*

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature