



## Photographic, Video, Audio, and Web Site Information Consent and Release Form

I do hereby give my consent to the Kettering Health Network (KHN), its staff, agents, and assigns to take photographs, record video or audio of me (and/or my property), to print an article about my story, actions, or conduct. I acknowledge that KHN may wish to use the tapes, photographs, or films or articles for educational, professional, medical, scientific, or promotional purposes. I further understand that my likeness may also be used in KHN brochures; publications; booklets; or may be used by the commercial news media, including, but not limited to, newspapers, magazines, radio, television, films, or the Internet.

I further acknowledge that my name and identity may be revealed therein or by descriptive text or commentary.

I give to KHN all rights to exhibit this work publicly or privately, including posting on a web site. I acknowledge that all photographs, films, and tapes (whether they are originals, copies, negatives, or proofs) shall become the property of KHN and those items may be used, produced, reproduced, or distributed without obtaining my prior approval.

I waive any rights, claims or interests I may have to control the use of my identity or likeness in the photographs, video, or audio, and agree that any uses described herein may be made without compensation or additional consideration of me. I hereby hold harmless and release forever KHN from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I do not waive my rights, claims or interests and do hereby assert my right, at any time after the execution of this agreement, to stop and prevent KHN from using in any way my name, identity and/or likeness in any and all news media publicity, stories, films, and articles.

I represent that I have read and understand the foregoing statements and am competent to execute this agreement.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

**I am under 18 years of age, my parent/guardian agrees (parental signature required.)**

Name of Parent/Guardian: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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