

PHOTOGRAPHY AND MEDIA CONSENT & AUTHORIZATION TO RELEASE INFORMATION

Franciscan Children's is committed to protecting the privacy of our patients, students and their families. Franciscan Children's is thankful when families are willing to share their stories, experiences, and information about the services at Franciscan Children's. Sharing your child's story can help others who are interested in knowing more about Franciscan Children's and can help Franciscan Children's promote its mission.

If you are willing to share information about your child, please complete and sign this form.

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian's Name: _____ Relationship: _____

Parent/Guardian Email: _____ Parent/Guardian Phone#: _____

Parent/Guardian Address: _____

Please read and initial next to each form of authorization that you voluntarily grant:

- I authorize Franciscan Children's to photograph and record (on film, videotape, or other means of recording or reproducing images) me or my child during interviews, events, treatments, or other activities at Franciscan Children's. I authorize Franciscan Children's to use and disclose such photographs or recordings of my child for any marketing, public relations, and other promotions that support the mission of Franciscan Children's. This authorization will remain valid for ten (10) years, or until my child's 18th birthday if sooner, unless revoked as set forth below. **Initial:** _____
- I authorize Franciscan Children's to use and disclose my child's name, age, home town, and demographics for marketing, public relations, and other promotions that support the mission of Franciscan Children's. This authorization will remain valid for ten (10) years, or until my child's 18th birthday if sooner, unless revoked as set forth below. **Initial:** _____
- I authorize Franciscan Children's to use and disclose a general description of the medical or educational services my child receives at Franciscan Children's, and details of my child's diagnosis and medical condition, including, but not limited to, _____, for marketing, public relations, and other promotions that support the mission of Franciscan Children's. This authorization will remain valid for one (1) year unless revoked sooner as set forth below. **Initial:** _____
- I authorize media-outlets including, but not limited to, internet/online publications, TV, radio, newspapers and/or magazines, to photograph and record (on film, videotape, or otherwise) me or my child during interviews, events, treatments, or other activities at Franciscan Children's. **Initial:** _____

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I understand that photographs, recordings or other information used or disclosed under this authorization may be reused by the recipient and may no longer be protected by privacy rules.

On behalf of myself and my child, I hereby release and hold harmless Franciscan Children's and its agents and employees from and against any claim for any injury in connection with the use, copying, distribution or display of any image, voice, likeness, or any other identifying characteristics in any media, marketing, public relations or other promotions. I also acknowledge and agree that Franciscan Children's shall own all rights to any photos, recordings, or materials produced by or on behalf of Franciscan Children's and the photos, recordings and materials will not be part of my child's educational or medical record. I hereby release and waive any rights that I or my child might claim to compensation for, or ownership of, any such photograph, recording or material.

Notice: Signing this form is entirely voluntary. Your child's treatment, enrollment, and eligibility for benefits, are not conditioned in any way upon your signing this authorization. You can revoke this authorization at any time by sending a written notice to the Marketing Department, Franciscan Children's, 30 Warren Street, Brighton MA 02135. A revocation will be effective upon receipt, but it will not affect any release or publication made prior to the receipt of your written revocation.

By signing below, I confirm that I have read and understand the terms of this authorization. I hereby knowingly and voluntarily consent and authorize the form(s) of authorization that I initialed above.

Signature: _____ Date: _____

If you have any questions about this authorization form, or about any Franciscan Children's marketing, public relations, and other promotions, please feel free to contact the Franciscan Children's Marketing Department.

Address: Marketing Department, Franciscan Children's, 30 Warren Street, Brighton MA 02135

Contact Name: _____ Phone: _____ Email: _____

You will be provided with a signed copy of this authorization.