



AUTHORIZATION TO INTERVIEW AND/OR MAKE VISUAL IMAGES OR LIKENESSES OF PATIENTS, VISITORS AND EMPLOYEES FOR PUBLIC USE

The undersigned, a patient, visitor or employee of Cooper Green Mercy Health Services (CGMHS,) hereby agrees and authorizes the interview, and/or making of visual images (which includes still photographs, videotaping, sound recordings and other image or likeness capturing methods) by representatives of (CGMHS,) the Jefferson County Commission (JCC) or others as designated by CGMHS Administration and identified below. I authorize the use of my name in connection with publication or distribution. I understand and agree that any interview, image or likeness will become the property of CGMHS and will not be returned.

I am fully aware that the interview and/or visual images may be used by the above stated persons and/or companies in their private publications or productions and on behalf of CGMHS and may be viewed by the general public through mass media in print, home and professional media, television, radio, newsletters, brochures, on the internet and any other print or electronic medium presently existing or invented in the future.

I hereby irrevocably authorize CGMHS to edit, alter, copy, exhibit, publish or distribute this interview, image or likeness for the purposes of publicizing CGMHS programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I understand that the use of the interview and/or visual images, once published, is beyond the control CGMHS and that CGMHS cannot control the future use of the interview and/or images once posted on social media and other public forums.

I specifically release and hold harmless CGMHS, the JCC, and their Officers, Agents, and employees from any and all claims, damages, rights and cause of action made by me, my heirs, my next of kin or others on my behalf arising out of the use or publication of the interview and/or visual images.

I acknowledge that I have authorized the interview and/or visual images of my own free will and that I will receive no financial compensation or royalties. I am at least 18 years of age and am competent to contract in my name. I have read this release before signing below and fully understand the contents, meaning and impact of this release.

Print Name: _____

Signed: _____

Name of Photographer/Videographer:

Address: _____

Date/Time: _____

Company of Photographer/Videographer

Witness: _____
