

# Beaumont

## Consent for photographs, video and/or interviews (non-medical use)

This is to certify that I give full consent to be interviewed and/or have photograph(s) taken, whether still or motion, and to have said material published. These may be used for multiple purposes, including hospital publications, websites and advertising, at Beaumont's discretion without further approval.

1. I hereby waive all rights, including, but not limited to copyright, that I may have to any claims for payment or royalties in connection with the use of these recordings and/or interviews, and agree that these items shall at all times be the property of Beaumont, including copyright, or the news media or other third parties to whom they are released.
2. I hereby release Beaumont or any of its divisions, affiliates, medical staff, directors, employees or agents from any and all liability including any claims of libel or invasion of privacy, directly or indirectly connected with, arising out of, or resulting from these recordings and/or interviews.
3. I understand that I may exercise my right to revoke this consent in writing at any time, except to the extent that action has been taken by Beaumont in reliance on this consent, by sending a written revocation to: Beaumont Health, Marketing, 3711 West 13 Mile Road, Royal Oak, MI 48073.

PLEASE PRINT:

Name of subject: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal representative signature (if applicable):

For internal use only:

Description: \_\_\_\_\_

Purpose: \_\_\_\_\_

Beaumont representative signature: \_\_\_\_\_

Date: \_\_\_\_\_