

Audio/Visual/PR Authorization

I authorize Goodwin Community Health to use my recorded image or voice in Goodwin Community Health marketing or promotional materials.

I agree that you may tape, photograph, or record my image or voice, including any performance or appearance during or in connection with any work or volunteer work done on behalf of Goodwin Community Health.

I further attest that any statements made by me during my appearance are true, to the best of my knowledge and that neither thy nor my appearance will violate or infringe upon the rights of any third party.

I waive any right of inspection or approval of my appearances or the uses to which such appearances may be put. I acknowledge that you will rely on this permission and agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Signature: _____

I am a parent or guardian of the minor who has signed this release and is too young to sign or consent to this release. I hereby agree that I, and said minor, will be bound by all provisions contained herein.

Name of Minor: _____ DOB _____

Signature of parent/guardian: _____

Date: _____

NOTES (example: info to identify/match picture with form such as clothing worn, location of photo, other people in photo with subject, occasion for photo...)
