



AUTHORIZATION AND CONSENT TO PHOTOGRAPH AND PUBLISH

I authorize Children's Hospital & Research Center Oakland to photograph and use the likeness of:

Child's Name

I agree that:

Children's Hospital & Research Center Oakland and the attending physician may use the images prepared from the shooting of photography or film for purposes including, but not limited to, dissemination to hospital staff, physicians, health professionals, and members of the public for educational, treatment, research, scientific, public relations, advertising and charitable purposes and that such dissemination may be accomplished in any manner including but not limited to: text books, slide shows, brochures, advertisements, billboards, video, internet/web sites, and film.

I have entered into this agreement in order to assist scientific treatment, educational, public relations, and charitable goals and waive any right to compensation for such uses. I and my successors hold the above named Hospital, photographer, the attending physician and their successors harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

The term "photograph", as used in the foregoing agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc and any other mechanical means of recording and reproducing images.

Name: _____
Parent/Conservator/Guardian *Date*

If signed by other than parent, indicate relationship

Signature of witness

Address

Phone

Event

Photo use(s)

Photo Format/Location