

Authorization and Consent to Photograph and Publish

The undersigned hereby authorizes the staff of the Center for Advanced Pediatric and Perinatal Education at Stanford to photograph or permit other persons to photograph:

PRINT NAME

while participating in its training programs. The undersigned agrees that the staff of the Center may use and permit other persons to use the negatives, prints, videotape or films prepared from such photographs for the purposes and manner as either may deem appropriate. The undersigned agrees the photographs may be used for purposes including, but not limited to, dissemination to the hospital staff, physicians, health professionals, members of the public for educational, treatment, research, scientific, public relations, advertisement, promotional and/or fund raising purposes, and that such dissemination may be accomplished in any manner. Such use is subject only to the following limitations:

The undersigned has entered into this agreement in order to assist scientific treatment, education, public relations, promotional and/or fund raising goals and hereby **waives any right to compensation** for these uses by reason of forgoing authorizations, and the undersigned and his or her successors, hereby hold the staff of the Center 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 this agreement, shall mean motion picture or still photography in any format, as well as videotape, videodisc and any other mechanical means of recording and reproducing images.

Date: _____ Time: _____

Signature: _____

Street Address: _____

City, State, Zip: _____ Email: _____

- Yes, you may use my video for educational purposes.
- No, you may not use my video for educational purposes.

Please turn off all CELL PHONES and PAGERS unless they are immediately required for professional or personal circumstances.