



Consent to Publish, Photograph or Interview

This consent shall be completed when an individual agrees to be interviewed, photographed or videotaped on the premises of Cabell Huntington Hospital, Edwards Comprehensive Cancer Center, Hoops Family Children’s Hospital (individually and collectively “Hospital”) or at Hospital sponsored events for marketing, news media, social media, advertising, documentation or educational purposes.

Name _____ Date _____

The undersigned does hereby consent to permit Cabell Huntington Hospital, Inc., doing business as Cabell Huntington Hospital, Edwards Comprehensive Cancer Center or Children’s Hospital at Cabell Huntington Hospital to:

- Use the undersigned’s name, comments or likeness (including photographs, images and videotape) in connection with any publication (including, but not limited to newspapers, television, internet and intranet websites and or radio broadcasts, books, brochures, magazines, newsletters, videotapes or motion pictures) in such a manner and at such times and in such places as the Hospital or its authorized representatives, in their sole discretion, shall determine.
- Use the undersigned’s name, comments, personal information or likeness (including photographs, images and videotape) in connection with displays, exhibits, educational materials, promotional materials or presentations about the Hospital, its services and/or the experiences of its patients and families.
- Use any quotations and comment made verbally or tape recorded by the undersigned and/or concerning the undersigned and/or the undersigned’s medical care and treatment.
- Take, reproduce or post on the Hospital’s internet or intranet websites (to include social media websites such as Facebook, Twitter and YouTube) photographs, images and videotape of the undersigned in connection with the undersigned’s diagnosis, care and treatment (including surgical procedures), or the undersigned’s participation in Hospital sponsored events on or off Hospital premises.
- Use such photographs, images or videotapes for scientific and educational purposes.

The signatures below constitute an agreement by the undersigned to release the information, interview or images as mentioned.

I understand that I have the right to request that photography, filming or recording be stopped at any time, and that I may rescind this consent within a reasonable time before the recording, photograph, image or videotape is used.

I waive all rights that I may have to any claims for payment or royalties in connection with any exhibition, televising, publication of photographs or quotes, motion pictures or video tapes, regardless of whether such exhibiting, televising or other showing is under philanthropic, commercial, institutional or private sponsorship and irrespective of whether a fee of admission or film rental is charged.

I release Cabell Huntington Hospital, Inc., doing business as Cabell Huntington Hospital, Edwards Comprehensive Cancer Center and Hoops Family Children’s Hospital at Cabell Huntington Hospital employees, agents, representatives, and consultants and associated parties from any liabilities in connection with the use of such material in accordance with this release.

Signature _____ Witness _____
(parent or guardian, if individual is a minor)

Address _____ Phone Number _____

E-mail _____ Unit/Department _____