

Consent to Photograph, Video, Record and Interview

I, the undersigned, hereby give my consent to Baylor Scott & White Health, its affiliates, assigns, contractors and employees and members of its/their medical and allied health staffs (collectively, "BSWH") to be photographed, videotaped, recorded and interviewed by BSWH representatives, news media representatives, production companies, advertising agencies and any other individual or entity for use by BSWH for the purposes of education, promotion, advertising, publication and distribution, both within and outside BSWH, including at professional meetings, symposiums, poster sessions and other events, in any and all media, including but not limited to newspapers, television, radio, magazines, advertising, BSWH publications or video productions, the Internet, social media websites, and professional medical or healthcare journals. I recognize that the precise manner in which the photograph, video, recording and interview may be used will be determined solely by the aforesaid media and that BSWH has no control over or responsibility for the use of such photograph, video, recording and interview.

I acknowledge that this Consent is not a commitment by BSWH to use the photograph, video, recording or interview obtained with this Consent and that BSWH reserves the right not to use the photograph, video, recording or interview. I hereby relinquish any right, title or interest in such photographs, videos, recordings or interviews, and to any control over their use, and to any proceeds that may arise therefrom. I acknowledge that I will not receive any compensation for such photographs, videos, recordings or interviews. I hereby release and forever discharge and agree to hold harmless BSWH from any and all liability arising from the photograph, video, recording or interview and/or any use by BSWH of the photograph, video, recording or interview.

I also acknowledge that BSWH may conduct a background check on me using publicly available records.

Print Name _____ Date of Birth _____
Person Photographed, Videoed, Recorded and Interviewed

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email Address _____

Hospital Facility/Department _____ Room Number _____

Signature _____ Date _____
Person Photographed, Videoed, Recorded and Interviewed or Legally Authorized Representative

Relationship to Subject _____

Witness Dept./Phone No. Date _____

Marketing & Public Relations Representative _____ Date _____
Print Name

FOR INTERNAL USE ONLY

Media Outlet/Representation _____

Purpose/Information Release _____

Patient's Physician/Spokesperson _____ Title _____

Estimated Air Date/Time _____