Photograph, Film or Vocal Recording Release

Cincinnati Children's
Hospital Medical Center

Children's Hospital Medical Center
3333 Burnet Avenue
MLC 9012
Cincinnati, OH 45229-3039
513-636-4420

www.cincinnatichildrens.org

Note: I authorize this release based on the following conditions:

- *These records become the property of Cincinnati Children's or its representatives*

- *This release is given without promise of compensation*

- *This release is effective until terminated by a retraction in writing from the person granting this authorization*

- *The parent/legal guardian and the patient do release to Cincinnati Children's any right, title and/or interest of any kind they may have in the records produced*

A. Release to photograph, film or record vocally for publicity purposes

I hereby grant to Cincinnati Children's Hospital Medical Center the right and authority to photograph, film and/or record vocally:

_____

(Please print)   Patient's (or child's) name   *Age*

These records may be used for promotional or publicity purposes and may be published in mass media publications, on the Cincinnati Children's intranet or internet sites, or shown on television or movie presentations. The patient's and family's name may be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

_____   _____
Signed (parent or legal guardian)   *Witness (for authorization by phone)*

_____   _____
Address   *Phone number*

_____
Date

B. Release to photograph, film or record vocally for scientific purposes

I hereby grant to Cincinnati Children's Hospital Medical Center the right and authority to photograph, film or record vocally:

_____

(Please print)   Patient's (or child's) name   *Age*

These records may be used for purposes of study, research and teaching and may be published in scientific publications or on the intranet or internet. The patient's or family's name may not be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

_____   _____
Signed (parent or legal guardian)   *Witness (for authorization by phone)*

_____   _____
Address   *Phone number*

_____
Date