



Broward County, Florida

PHOTOGRAPH & VIDEO RELEASE ("Release")

Please check appropriate facility:

- Broward Health, Broward Health Medical Center, Broward Health North, Broward Health Imperial Point, Broward Health Coral Springs, Other Facility

By signing this Release, I consent to the NORTH BROWARD HOSPITAL DISTRICT D/B/A BROWARD HEALTH'S ("Broward Health") use and publication of my image, likeness, and sound of voice as recorded on audio or video tape in any of its publications and materials, including written, electronic, or multimedia materials, without payment or any other consideration.

By signing this Release I also understand this Release signifies that photographic or video recordings of me may be electronically displayed via the Internet or in advertising materials. There is no time limit on the validity of this Release nor is there any geographic limitation on where these materials may be distributed.

This Release applies to photographic, audio, or video recordings collected as part of the Broward Health's promotional material such as brochures, newsletters, websites, slide and video presentations, public affairs releases, recruitment materials, broadcast public service advertising, or for other related endeavors. I understand and agree that these materials will become the property of Broward Health and will not be returned.

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, Broward Health may publish materials, use my name, photograph, and/or make reference to me in any manner that Broward Health deems appropriate in order to publicize its various services.

Additionally, I hereby hold harmless and release and forever discharge Broward Health, its successors, assigns, and third parties involved in the creation or publication of the image, likeness, or sound from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this Release, or any third party in connection with my participation or the participation of the minor children listed below. I am 18 years of age and am competent to contract in my own name or I am authorizing the same for a minor child or minor children.

By signing this form I acknowledge that I have completely read and fully understand the contents, meaning, and impact of this release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing the material.

Signature lines for Employee/Individual, Broward Health Authorized, and Witness, each with Print Name and Date fields.