Health Career Collaborative
AMERICAN COLLEGE OF SURGEONS

Consent to Release Photograph and Video Recordings

I hereby grant The Health Career Collaborative, Inc. (the "HCC") the irrevocable right and permission to use photographs and/or video recordings of me on the HCC and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of the HCC.

I hereby release, acquit and forever discharge the HCC, its current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, **if I am less than eighteen years old, that my parent or guardian has signed this release form below**. This release is binding on me and my heirs, assigns and personal representatives.

_____ _____
Signature of Individual Photographed/Recorded Date

Printed Name of Individual Photographed/Recorded: _____

_____ _____
Signature of Witness Date

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

_____ _____
Signature of Parent/Guardian of Individual Photographed/Recorded Date

Printed Name of Parent/Guardian: _____

_____ _____
Signature of Witness Date

City_____ State_____