



Baptist Health Sciences University

Authorization for Photographing, Videotaping, Video-imaging and/or Audiotaping

I understand that photographs, videotapes, audiotapes, digital, or other video-images may be recorded to document my minor child's participation in activities at Baptist and I authorize this. I understand that the Baptist entity named above (hereinafter "Baptist") retains the ownership rights to these photographs, videotapes, audiotapes, digital, or other video-images (hereinafter "Image").

I understand that these images are stored in a reasonably secure manner to protect my minor child's privacy and they are kept, at a minimum, for the time period required by law. Images that identify my minor child will not be released by Baptist without written authorization from me or my authorized representative. However, Baptist may use images that identify my minor child for its own internal purposes as allowed or required by law.

I hereby grant permission to Baptist Health Sciences University to () photograph, and/or () videotape, and/or () video-image, and/or () audiotape _____ (name of minor child) on _____ (date) for the purpose of:

- _____ Newspaper and magazine articles
- _____ Television programs
- _____ Websites (please specify: _____)
- _____ Social Media (Baptist) (please specify: _____)
- _____ Educational lectures and multimedia educational presentations given to the general public
- _____ Other (please specify: _____)
- _____ I DO NOT WISH MY MINOR CHILD'S PHOTOS TO BE USED FOR ANY REASON

This authorization shall remain valid for as long as Baptist maintains the images of my child. I understand this authorization is completely voluntary on my part and on the part of my minor child. My minor child is in no way affected by my signing of this Authorization. I understand that I have the right to revoke this Authorization, but that if I wish to do so, I must notify Baptist in writing. I understand that the information and/or image may no longer be considered confidential, protected health information and may be subject to re-disclosure after release to third parties who are not bound by confidentiality obligations or legal restrictions. I understand that I will not receive any payment in exchange for any image or the release of my minor child's information.

I hereby release Baptist, and its affiliated Corporations, officers, agents, employees, and medical staff from any and all claims and/or liability arising out of or in connection with such photographing, videotaping, video-imaging and/or audiotaping.

Signature-Parent or Authorized Representative

Date

If signed by an Authorized Representative, please provide a description of the Authorized Representative's authority to act on behalf of the minor child:

Signature – Witness

Date