



Release and Authorization to Photograph, Videography or Otherwise Record

I, the undersigned, hereby consent to have my name, image, voice, likeness, biographical information, and statements (collectively, my "Likeness") captured, photographed, videotaped and/or otherwise recorded by the Indiana Health Care Association, its successors, assigns, licensees, agents, and legal representatives ("IHCA"). I grant to IHCA the right to use my Likeness for any purpose, commercial or non-commercial, as it may see fit, including without limitation the right to publish, promote, distribute, modify, edit, adapt, and make derivative works from any photographs, videotapes, and other recordings that feature or include my Likeness (collectively, the "Materials"). This grant of permission is made on a royalty-free, perpetual, irrevocable, non-exclusive basis, and will apply in any media now known or later invented, with or without attribution to me, and with the express understanding that I will not be given a right of approval or advance notice of any particular use of the Materials and/or my Likeness.

I agree that all Materials are the sole property of IHCA, and that IHCA may copyright any aspect of the Materials. If I should receive any print, negative, or other copy of the Materials, I will not authorize its use by anyone else. I understand that no Materials will be submitted to me for approval, that I will receive no compensation or other consideration for the granting of this permission or of the use of the interview, and that IHCA shall be without liability to me for any ill effect resulting from the publication of my Likeness.

To the extent that I make any statement or endorsement about the goods and services offered by IHCA, I affirm that my statements reflect my true and accurate beliefs based on my use of and experience with those products and services. I further release IHCA from any and all claims for damages for libel, slander, invasion of the right of privacy or any other claim based on the use of my Likeness that is consistent with this Release.

I hereby warrant that I am eighteen years of age or older (or that this release has been signed by my parent/legal guardian), am fully competent to execute this Release, have read this document before signing below, and fully understand its contents, meaning, and impact. In addition, I warrant that my execution of this Release, and IHCA's use of the Materials and/or my Likeness, will not conflict with any other agreement to which I am bound.

Signature

Birth Date

Print Name

Date

Facility Name

If under the age of 18, or if not competent, please have the following completed by the individual's parent/legal guardian or authorized representative

I, _____, the parent/legal guardian/authorized representative of the person designated above, approve and consent to the execution of the foregoing release and waive all rights which I may have in connection therewith. I will not revoke my consent and I guarantee performance of the foregoing release.

Signature

Date

Print Name