

Consent Form

Photographer Information:

First & Last Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Photo Entry Information:

Photo File Name: _____

Title of Photo: _____

Location Where Photo Was Taken: _____

(General area, community, landmark, etc.)

Statement of Consent:

By signing below, I consent to my participation in featuring my art at BVRMC. I understand that if my entry is chosen, my entry may be displayed at BVRMC for the length of time designated by BVRMC. I understand there will be no monetary compensation if my entry is chosen. I understand that I will maintain copyright of my own work, but I give permission to BVRMC to utilize my image in the facility. I understand that my entry may be used in other areas of marketing, including, but not limited to, printed/promotional materials and electronic media (e.g. social media, website).

In giving my consent, I waive any right to inspect or approve the use of the images or recordings or any written copy. I also waive and release all current and future claims I may have against BVRMC, arising from the use of an image or recording including, but not limited to claims of defamation, invasion of privacy, rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration or optical illusion that may appear in the finished product. Notwithstanding the foregoing, I reserve the right to revoke my consent in writing, which will be effective only upon receipt.

Participant Name (Please Print): _____ **Date:** _____

Participant Signature: _____

If under 18, you must have a parent/guardian sign the consent form.

Parent/Guardian Name (Please Print): _____ **Date:** _____

Parent/Guardian Signature: _____

Questions:

Katie Schwint, Executive Director of Communications

712.213.8601 or schwint.katie@bvrmc.org

Buena Vista Regional Medical Center, 1525 West 5th Street, Storm Lake, Iowa 50588



Buena Vista
REGIONAL MEDICAL CENTER