

**CONSENT TO PHOTOGRAPHY, RECORDING AND/OR PUBLISHING**

**Official Use Only:**  
**Use this form if the subject to be photographed or recorded is *NOT* a patient and the product does not involve protected health information. DO NOT USE THIS FORM IF THE SUBJECT OF THE PHOTOGRAPH OR RECORDING IS A PATIENT. If the subject of the photography or recording is a Patient, use either Form No. PF-1 or PF-2, as appropriate.**

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**Print Name** (person to be photographed/recorded or owner of product/premises photographed)

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**Print Address**

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**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

In consideration of the engagement as a model or actor and for other good and valuable consideration, the receipt of which is hereby acknowledged, I hereby permit Dignity Health – St. Rose Dominican/St. Rose Dominican Health Foundation (hereinafter referred to as “**you**” or “**your**”) and the persons designated by you, to photograph, and/or make audio and/ or visual recordings, or create images in the likeness of (*name of subject, e.g., employee, model, actor, product, premises, etc.*) \_\_\_\_\_.

Description of event(s): **6<sup>th</sup> Annual CMNH High School Las Vegas Dance Marathon** Date 3/16/19  
(Check One)  One-time event  Series of events

I grant to you and/or your affiliates, successors, or other persons acting under your permission and authority, the irrevocable, perpetual, unrestricted, royalty-free right, license and permission to copyright in your own name, and to use, re-use, publish, reproduce and distribute, such audio and/or visual recordings, pictures, composites, or other reproductions thereof, distorted or modified in form or character, without restriction as to changes or alterations, whether in conjunction with the subject's true or fictitious name or in conjunction with other photographs or printed matter, made through any medium, including website publishing, for illustration, education, promotion, art, editorial, advertising, trade, or any purpose whatsoever, in such manner as you deem appropriate for such purposes. I understand that if such picture or image, or recording is published on the web, it may be downloaded by any computer user. You agree not to use the photograph/ recording/ image in any derogatory manner.

I waive the right to inspect or approve the finished product(s) and/or the advertising copy or other matter used in connection with the product or the use for which it may be applied. I further waive any claims to royalties or monetary compensation connected with such recordings, creations or photographs, or the publication or distribution thereof.

My signature below confirms that I have the legal right to grant this license to you. I hereby release, discharge and agree to hold you and/or your affiliates, successors, or those acting under your authority or permission, harmless from any liability whatsoever connected with the photography, recording, or creation, or the use, re-use or publication of such images or recordings, including any blurring, distortion, alteration, cropping, or use in composite form, intentional or otherwise, that may occur or be produced in the processing of such products. This consent shall be binding upon me and the subject of this photography or recording (if different), my heirs, agents, legal representatives, and assigns.

**LOSS/DAMAGE WAIVER**

I Acknowledge and fully understand that I will be participating in activities that may or may not involve risk of serious injury, permanent disability, property damage and/or death. These risks may result not only from my own actions, inactions, or negligence, but also from the action, inactions, or negligence of others. Further, there may be other risks not known to me, or not reasonably foreseeable, such as disability or death.

I assume all the foregoing risks and accept personal responsibility for any damages following any such injury, permanent disability, property damage, or death.

I release, waive, discharge, and covenant not to sue the State of Nevada, the Nevada Board of Regents, University of Las Vegas Nevada (UNLV), Dignity Health-St. Rose Dominican Hospitals, St. Rose Dominican Health Foundation, their officers, employees, and agents, and their heirs, administrators, and executors, from demands, losses, or damages on account of injury, including death of damage to property caused or alleged to be caused in whole or in part by the negligence of any person or otherwise, for myself and my spouse, if any, and our heirs, successors, and assigns.

I understand that the State of Nevada, The Nevada Board of Regents, University of Las Vegas Nevada (UNLV), Dignity Health-St. Rose Dominican Hospitals and St. Rose Dominican Health Foundation do not provide medical coverage to a participant if injured while participating in the event described above or attendant activities. Any medical costs incurred as a result of this activity will be my financial responsibility.

**ACCEPTED AND AGREED TO**

I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE WAIVER. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING AND I SIGN THIS VOLUNTARILY.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Relationship to the subject *(If signatory is not the subject)*