



Please note: If the individual is a patient, a HIPAA Authorization Form is required in addition to this Media Release Form.

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MEDIA RELEASE FORM

Individual's full name (printed): _____ ("I/my" or "Individual")

Effective date of this release: _____ Name of event/activity: _____

Activities being performed (check all that apply): ("Activities")

- ☐ Interview ☐ Photography ☐ Filming or video recording
☐ Audio recording ☐ Other (specify): _____

Purpose (check all that apply):

- ☐ Use by OHSU Strategic Communications, OHSU Healthcare Marketing and Communications, and/or OHSU and Doernbecher Children's Hospital Foundations (including, printed or electronic publications, brochures, advertisements, use on OHSU Web site, etc.)
☐ For Educational Purposes (teaching, training, etc.)

Name of Third Party ("Entity") (if applicable)

How Entity will use Activities

_____ OR Entity is performing Activities on behalf of OHSU (pursuant to a contract with OHSU)

This Media Release is made effective as of the Effective Date by and between Individual and Oregon Health & Science University ("OHSU") and Entity, as defined above. I consent to participating in the Activities, including any recording of my image, and agree it can be used in accordance with this Release. I shall receive no compensation of any kind for this Release.

I hereby authorize OHSU and/or Entity and their respective officers, directors, employees, agents and contractors acting on its behalf, to use my image and likeness in any form of media, including still image photograph, voice audio, and/or video image, and to offer those images and/or recordings for use or distribution for the Purposes identified above without notifying me. I authorize OHSU and Entity to use my name in connection with the images and/or recordings and to use, copy, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) those images and/or recordings. Neither OHSU nor Entity is required to use any image and/or recording obtained and may discontinue using such images and/or recordings at any time.

I understand that all negatives, prints, digital reproductions, recordings, and videotapes shall be the property of OHSU and/or Entity and shall not be returned to me. I waive any rights, title, claims or interest I may have to control or approve of the use of my identity or likeness in any publication or media (printed or electronic) or other use of the images and/or recordings now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the images and/or recordings.

I hereby agree to release and hold harmless OHSU and Entity, including their respective officers, directors, employees, agents and contractors from and against any claims, damages or liability arising from or related to the use of the images and/or recordings, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. I agree to release OHSU and Entity and those acting pursuant to their respective authority from liability for any violation of any personal or proprietary right I may have in connection with any use of my likeness or image for any use described above.

I have read the terms of this release and I understand it.

This authorization expires five (5) years from the date of signing unless revoked or otherwise specified below.

Enter alternative expiration date or event: _____

Individual's signature*: _____ Date: _____

**If participant is under the age of 18, a parent's name and signature must be obtained consenting for the Individual.*

Parent/Legal Guardian's signature*: _____ Date: _____

Parent/Legal Guardian's printed name: _____

Last updated February 9, 2018