

PHOTO RELEASE FORM

(please type or print)

Name: _____

Facility/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

I hereby voluntarily authorize the Ohio Health Care Association ("OHCA") to use my name and my still image in perpetuity for distribution to various individuals and entities for public relations and/or marketing activities on behalf of OHCA and/or its members.

1. I understand and agree that OHCA will not pay or provide compensation of any kind for the use of name or image.
2. I understand and agree that I will not have the ability to approve or disapprove of any images that are used, and that the sole discretion regarding which images to use and how to use them will rest with OHCA.
3. I understand and agree that by signing this authorization form I am waiving my rights to the image(s), and that such image(s) will become owned by OHCA. Thus, I authorize OHCA to copyright my image(s) and/or documents containing my image in its own name or in any other name(s), and to use and distribute such image(s) in any manner it desires for its public relations and marketing purposes.
4. I authorize OHCA to use my name in conjunction with an image.
5. I authorize OHCA to modify or alter the image(s), such as by reducing or increasing their size.
6. I understand that once the image(s) described in this release form are released, they will not be subject to any privacy protections.
7. I have provided the facility identified above a separate authorization form compliant with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") authorizing the use of my name and image(s).
8. I, on behalf of myself, and my heirs, executors, administrators, successors, assigns, and any other person or entity claiming by or on my behalf, agree to waive all claims and causes of action against OHCA and its past, present and future officers, directors, members, agents, representatives, partners, affiliates, attorneys, subsidiaries, predecessors, successors and assigns related to, arising out of, or in connection with the use and/or disclosure of any image and/or my name in conjunction with any such image for purposes of public relations and/or marketing.

Signature _____ Date _____

Witness _____

Witness Signature _____ Date _____