OHCA
OHIO HEALTH CARE ASSOCIATION

55 Green Meadows Drive South
PO Box 447
Lewis Center, OH 43035
P: 614.436.4154 / F: 614.436.0939
www.ohca.org

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_____

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2020 Photo Contest Submission Form

CONTACT INFORMATION

Name: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

ENTRY INFORMATION

Photo Taken By: _____

Photo Title: _____

Narrative/Description of Photo (Maximum 30 words): _____

_____

_____

_____

CONVENTION AWARDS

Do you have a special employee, innovative program, event, community interaction or other notable occasion we should recognize during the 2021 OHCA Convention? If there is someone or something pictured, or something else you believe is worthy of recognition, please let us know here,, send an email to ohca@ohca.org, or send us a Facebook message at www.facebook.com/OHCA.Ohio and we will be in touch*!*

_____

_____

ENTRY REQUIREMENTS

- Entries must be submitted by an OHCA provider member; *no more than 1 entry per member.*
- Photos must be in high definition digital (JPEG, GIF, TIFF) format. Color and black and white images will be accepted.
- Entries should represent an aspect of daily life including personal interactions, activities, services, therapy and events. Portraits will also be accepted.
- An entry form is required for each photograph.
- Photo releases must be submitted for each individual pictured.
- The member provider is responsible for obtaining and keeping on record an appropriate HIPAA authorization for each individual.

SUBMISSIONS

- Submit entries to **msmith@ohca.org** via email
- Attach the photo, Photo Submission Form for each entry, and a Photo Release Form for each individual pictured
- ***Complete entries must be received no later than November 15, 2020***.

Questions? Contact Mandy Smith at OHCA (msmith@ohca.org, 614-288-0613)