



AUTHORITY TO INTERVIEW, PHOTOGRAPH AND/OR VIDEOTAPE

Name: _____ Phone _____

Address: _____

City: _____ State/Zip: _____

In return for consideration received, I hereby grant to INTEGRIS Health the right and permission to copyright and/or use, reuse, publish and/or republish photographic images or pictures of me and use of my name for their public relation purposes. I hereby release, discharge and agree to save harmless INTEGRIS Health from any liability resulting from usage of the above-mentioned photographic or video images or use of my name. I understand that I will have no control over the manner or use or distribution of materials, and hereby waive any right to inspect or approve photographic or video images or use of my name. I hereby warrant that I am over 21 years of age and am competent to contract in my own name insofar as the above is concerned. (If talent is under 21 years of age, parent or guardian must sign below).

(name of person and room no.)

by INTEGRIS
(name of news organization and reporter or photographer)

for story topic _____

and hereby releases INTEGRIS Hospital and Facilities, Oklahoma City, OK
(INTEGRIS Hospital or facility) (City, State)

from any and all responsibility attached thereto.

Date: _____

Signature: _____ Relationship: _____
(relationship to person interview, photographed or videotaped, if other than one signing this consent)

Witness: _____

(A signed copy of this release should be attached immediately to the patient's medical record.)

For individuals under 21 years of age:

I hereby grant permission and release according to the terms stated above for:

Name: _____

Guardian's Name: _____ Guardian's Signature _____

Witness Name _____ Witness Signature _____