



**PHOTOGRAPHY/VIDEO AGREEMENT & RELEASE  
(NON-PATIENT ADULTS & MINORS)**

I, on behalf of myself, or if the Subject is a minor, on behalf of my minor child, grant to AdventHealth on a perpetual, irrevocable and unrestricted basis the right to use, reuse, publish and re-publish photographic portraits or pictures and/or video tape footage of the Subject (the "Subject's Likeness"), in which the Subject's Likeness may be included as a composite or distorted in character or form, and whether in conjunction with the Subject's own name or a fictitious name. The right granted herein to use the Subject's Likeness shall extend to any reproductions in color or otherwise, made through any medium and in any and all media now or hereafter known whether employed singularly or in conjunction with printed and/or other accompanying material and whether employed for any purpose whatsoever, and regardless of the manner in which said use is transmitted.

The Subject waives any right to inspect or approve the finished product or products and/or the advertising copy or other matter containing the Subject's Likeness. The Subject further waives any right to compensation received by AdventHealth in association with the commercialization of the Subject's Likeness.

**THE SUBJECT RELEASES AND AGREES TO HOLD HARMLESS ADVENTIST HEALTH SYSTEM, ITS EMPLOYEES, OFFICERS AND AGENTS, FROM ANY LIABILITY ASSOCIATED WITH THIS GRANT, INCLUDING WITHOUT LIMITATION ANY CLAIMS FOR LIBEL OR INVASION OF PRIVACY.**

For purposes of this grant, the term "Adventist Health System" shall include all business entities, which are now or in the future owned or controlled or managed by Adventist Health System.

I warrant that I am over the age of 18 and have the right to contract in my name, or on behalf of the Subject, if the Subject is a minor child. I have read and understand the content of this document prior to signing it. This release shall be binding upon the Subject, his heirs, legal representatives and assigns, and the individual (including the individual's heirs, legal representatives and assigns) executing this document in those circumstances where the Subject is a minor child.

Subject Name \_\_\_\_\_ Signature \_\_\_\_\_

Subject Minor's Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_