



# PHYSICIAN/ASSOCIATE/VOLUNTEER CONSENT TO PHOTOGRAPH/VIDEOTAPE AND AUTHORIZATION FOR USE OR DISCLOSURE

Name: \_\_\_\_\_

## CONSENT TO PHOTOGRAPH/VIDEOTAPE: AUTHORIZATION FOR USE AND DISCLOSURE

I hereby consent to be photographed and videotaped (“photograph”). The term “photograph” includes video or still photography, in digital or any other format, and any other means of recording or reproducing images and/or audio.

I hereby authorize the use of the photograph(s) by, or disclosure of the photograph(s) to:

Children’s Hospital of Orange County (“CHOC”)  
1201 W. La Veta Avenue  
Orange, CA 92868

AND

Any and all entities including, without limitation, the Disneyland Resort and all of its affiliates, KTLA, ABC, social media channels, the newspaper, television, radio, internet, and brochures, even if not specifically associated with CHOC marketing.

## PURPOSE

I hereby authorize the use or disclosure of the photograph(s) for the following uses or purposes: dissemination to CHOC staff, physicians, health professionals, and members of the public through any media, including without limitation newspaper, magazines, television, radio, the internet and brochures for education, treatment, research, scientific, public relations, marketing, news media, and charitable purposes.

I consent to be photographed and authorize the use or disclosure of such photograph(s) in order to assist scientific, treatment, educational, public relations, marketing, news media, and charitable goals, and I hereby waive any right to compensation for such uses by reason of the foregoing authorization. I also authorize the use or disclosure of the photograph(s) for all purposes including marketing/public relations, fundraising, news media, research, education, CHOC Walk, Virtual Celebration Livestream, the Disneyland Resort and all its affiliates, social media channels and other areas, unless specified below.

I and my successors or assigns hereby hold CHOC and their employees, physician(s), and any other person participating in the filming at \_\_CHOC\_Childrens\_\_\_\_(Location) on \_\_\_\_\_ (Date) and their successors and assigns harmless from and against any claims for injury or compensation resulting from the activities authorized by this agreement. CHOC will not be able to call back any photographs or information already released.

SIGNATURE

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(Participant)

If participant is under 18 years of age, signature of parent, guardian or legal representative is also required.

Signature: \_\_\_\_\_  
(Parent/Guardian/Representative)

Relationship: \_\_\_\_\_