



Interview, Video, Photograph and Disclosure Release

Main Phone: 281-484-4708
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This Agreement and Release ("Agreement") is made and entered into by and between The Rose and the Participant or the child Participant and his or her parents whose signatures appear below (collectively referred to as "Participant").

Whereas, The Rose plans to produce informational and promotional materials and is willing to have Participant as part of the materials, subject to Participant's execution of this Agreement; and Whereas The Participant desires to be part of the Marketing Materials and is agreeable to entering into this Agreement; Therefore, in consideration of the mutual promises, premises, and covenants herein, and for other good and valuable consideration, the receipt, sufficiency and adequacy of which are hereby agreed and acknowledged, The Rose and Participant agree as follows:

- I (Do ____, Do Not ____) authorize The Rose to use my/my child's photograph or likeness.
- I (Do ____, Do Not ____) authorize The Rose to use my/my child's name.
- I (Do ____, Do Not ____) authorize The Rose to use my/my child's personal information specifically obtained through a scheduled interview.
- I (Do ____, Do Not ____) authorize The Rose to release my/my child's name and contact information to media outlets, including, but not limited to, print and broadcast.

Once authorization is given, Participant grants to The Rose and its affiliates and advertising, promotion and production agencies, and their respective assigns, the worldwide, royalty-free, irrevocable, and perpetual right and license to use Participant's name, likeness, photographic (or other visual) image, voice, and all other attributes of Participant's persona in any form, whether or not altered, in connection with any use The Rose deems appropriate for the Marketing Materials, and any other use whether similar or dissimilar to any of the foregoing. It is expressly agreed that The Rose is the sole and exclusive owner of the copyright in and to the Marketing Materials. Participant releases The Rose and its entities from any claim for damages including, but not limited to, breach of confidentiality, invasion of privacy, violation of the physician-patient privilege, or violation of any state or federal law. I understand that once this information is disclosed, it may be redisclosed by those who view it and no longer subject to the protections under HIPAA.

Participant hereby waives any right that he or she may have to inspect or approve the Marketing Materials. In granting these rights, Participant releases The Rose and its employees from all actions, causes of actions, claims and demands except for those arising from the negligence of The Rose and its employees. Unless the signature of a parent or legal guardian of the Participant appears below, Participant hereby affirms that he or she is eighteen (18) years old or older and competent to enter into this Agreement.

Name of Participant (please print): _____

Name of Parent/Guardian (if applicable): _____

Address: _____

City: _____ State: _____ ZIP _____

Phone: _____ E-Mail: _____

Relationship to Participant (please circle): Self Parent/Guardian

Signature: _____ Date: _____

Witnessed by: _____ Date: _____