



CHILD RELEASE

I do hereby consent on behalf of my child to the photographing of my child, together with any subject matter owned, and do hereby authorize Mt. Ascutney Hospital and Health Center and its successors and assignees, to cause the resulting photographs, transparencies, video, television, or other media or means of reproduction, transmission or exhibition.

I do not grant use of any image of this child to be used maliciously, produced and published for the sole purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I hereby waive any right to inspect and approve the finished product or the educational or promotional copy that may be used in connection therewith, or the use to which it may be applied. You may edit my appearance as you see fit.

You shall have all right, title and interest in any and all results and proceeds from said use or appearance.

The rights granted you are perpetual and include the use of this image material, still photo or moving picture, in any medium; all or part may be shown, including broadcast and cable television, film, videocassettes, DVD, any printed material, or use on internet.

This consent is given as an inducement for you to video or photograph this child and I understand you will incur substantial expense in reliance thereof.

You are not obliged to make any use of this video or photograph or to exercise any of the rights granted you by this release.

I hereby release, discharge and agree to hold harmless Mt. Ascutney Hospital and Health Center, its nominees or others for whom it is acting, from any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of said images, unless it can be shown that said reproduction was maliciously caused, produced and published for the sole purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

I have read and understand the meaning of this release.

Dated this _____ day of _____, 20_____

Signature of Parent/ Guardian

Print Child's Name

Address

Phone