CHI Franciscan

GENERAL AUTHORIZATION TO BE PHOTOGRAPHED

Name of Participant: _____

I hereby authorize Franciscan Health System and/or its parent corporation, subsidiaries, affiliates, agents, contractors, providers or employees ("FHS") to take photographs of me. I understand that the term photograph may include, but not be limited to, videotape, videodisc, digital image and any other mechanical means of recording or producing visual images (hereinafter referred to as "photographs").

I understand and agree that the photographs may also be used and/or disclosed for any and all purposes deemed appropriate by FHS. Such purposes may include, but not be limited to public relations, advertising, communication materials, promotional, and marketing publications, social media channels, and/or fundraising activities.

I understand that I may refuse to sign this Authorization.

I agree to hold FHS harmless, and its officers and directors, or other third parties designated by FHS of these individuals involved in the use and/or disclosure of the photographs, for any damages or losses incurred by such use and/or disclosure of the photographs. I also understand that the photographs used and/or disclosed pursuant to this Authorization may be re-disclosed by a recipient and such cannot be controlled by any of the aforementioned parties.

In addition, I waive all rights to or conditions on the use and/or disclosure of these photographs that I may have and waive any claim for payment or royalties related to the use and/or disclosure of the photographs (whether such is for charitable or commercial purpose) by FHS or any other party involved in any use and/or disclose now or in the future.

I further understand and agree that these photographs may be used beyond the initial purpose for archival and/or historical purposes by FHS.

I understand that I may revoke this Authorization at any time by notifying FHS in writing by sending a letter to Marketing and Communications Department, MS 06-02, 1142 Broadway, Ste. 300, P.O. Box 2197, Tacoma, WA 98402, I understand that if I revoke this Authorization, it will not affect any actions that FHS took before it received my revocation.

Name: _____

(Please print name of participant)

Signature:_____ Date:_____

If the participant involved is under 18 or unable to grant this Authorization, the parent, guardian, or legal representative must provide Authorization:

Name: _____

(Please print name of parent, guardian, or legal representative)

Signature:_____ Date:_____