THE HSC HEALTH CARE SYSTEM

Authorization and Release Form

I hereby authorize The HSC Health Care System and its entities, employees, and contractors to photograph, film, broadcast, stream, record, post on social media platforms, or otherwise document and/or interview

_____

FULL NAME

I agree that such materials may be used, in whole or in part in any publications, presentations, websites, social media services, or other news media, for any purpose that in the view of The HSC Health Care System, advances the System's goals, whether they be educational, fundraising, public relations, advertising, or marketing oriented.

I understand that all interviewing or photographing by any component of The HSC Health Care System, its entities, employees, contractors, or anyone else connected with these activities will not result in payments of any form. I further understand and agree that I have no rights to the materials, and that these materials may be edited, used, published, distributed, or republished by The HSC Health Care System, now or at any time in the future. I waive all rights to inspect or approve the use of the materials, now or in the future. I also understand that I have no claims (including claims based on copyright, invasion of privacy, defamation, or right of publicity) in connection with any use or alteration of the materials.

I give The HSC Health Care System permission to use my child's name, likeness, and biographical information to use and promote the materials. I forever release and discharge any and all actions which I, my children, or my family members may have against The HSC Health Care System, its entities, employees, contractors, or any other associated third party, arising for any reason from the use, editing, publication, distribution, or republication of these materials. I represent that I am 18 years of age or older, or my child's legal guardian, and that I understand and agree to these terms. I understand that The HSC Health Care System cannot condition medical treatment on whether or not I sign this authorization. I can revoke this authorization in writing at any time.

_____

SIGNATURE (IF 18 YEARS OF AGE OR OLDER) DATE

_____

SIGNATURE OF PARENT/GUARDIAN

_____

STREET CITY STATE ZIP

_____

TELEPHONE EMAIL

The HSC Foundation 2013 H Street, NW, Suite 300, Washington, DC 20006 202.454.1220
Health Services for Children with Special Needs, Inc. 1101 Vermont Avenue, NW, Suite 1201, Washington, DC 20005 202.467.2737
The HSC Pediatric Center 1731 Bunker Hill Road, NE, Washington, DC 20017 202.832.4400
HSC Home Care, LLC 1731 Bunker Hill Road, NE, Washington, DC 20017 202.635.5756
HSC Health & Residential Services 8201 Corporate Drive, Suite 700, Landover, MD 20785 301.760.3350

www.hschealth.org
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