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### Consent to Photograph, Video and Use

You have been asked to be recorded by still photography, video and/or audio (referred to as **'the recordings'** in this document) for educational / promotional / media purposes including social media (referred to as **'the purpose'** in this document).

Please select from the options below and sign this form if you agree to the following:

I permit Alfred Health to make the recordings for the purpose.

AND / OR

I permit ..... to make the recordings for the purpose while under the care of Alfred Health.

- I consent to the publishing of the recordings in print and/or electronic format (such as on the Internet or DVD/CD) for the purpose.
- I agree that Alfred Health, or other entity if named above, will hold the copyright to the recordings.
- I can withdraw my consent in regard to Alfred Health's use of the recordings at any time by notifying Alfred Health in writing. Alfred Health will take all reasonable measures to remove the recordings from publication upon such a request.

Signature: ..... Date: .....

Print name: .....

Email address (if image to be sent): .....

Thank you for your cooperation.