
Photograph, Film or Vocal Recording Release



Note: I authorize this release based on the following conditions:

- These records become the property of the Fetal Care Center of Cincinnati, Cincinnati Children's Hospital Medical Center, Good Samaritan Hospital, University Hospital (hereinafter referred to as the hospitals) and/or any other representatives
- This release is given without promise of compensation
- This release is effective until terminated by a retraction in writing from the person granting this authorization
- The parent/legal guardian and the patient do release to Fetal Care Center of Cincinnati, the hospitals and their representatives any right, title and/or interest of any kind they may have in the records produced

A. Release to photograph, film or record vocally for publicity purposes

I hereby grant to the Fetal Care Center of Cincinnati, Cincinnati Children's Hospital Medical Center, Good Samaritan Hospital and University Hospital (hereinafter referred to as the hospitals) the right and authority to photograph, film and/or record vocally:

(Please Print)

Patient's (or child's) name

Age

These records may be used for promotion or publicity purposes and may be published in mass media publications by the Fetal Care Center of Cincinnati, the hospitals, and/or any other representatives on their intranet or internet sites, or shown on television or movie presentations. The patient's and family's name may be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

Signed (parent or legal guardian)

Witness (for authorization by phone)

Address

Phone Number

Date

B. Release to photograph, film or record vocally for scientific purpose

I hereby grant to the Fetal Care Center of Cincinnati and the hospitals the right and authority to photograph, film and/or record vocally:

(Please Print)

Patient's (or child's) name

Age

These records may be used for purposes of study, research and teaching and may be published in scientific publications or on the intranet or internet. The patient's or family's name may not be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

Signed (parent or legal guardian)

Witness (for authorization by phone)

Address

Phone Number

Date