



# Medical Reserve Corps



ISLAND COUNTY

## ICMRC Photographic Consent

**Client/Staff name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Summary:** This form says that you give your permission to be photographed, filmed or videotaped for health education or to promote the activities of the Island County Medical Reserve Corps (ICMRC), and that you give the permission for free. This permission allows the use of your image or voice on our website and other social media.

**Consent:** In the interest of promoting the programs and services of Island County Medical Reserve Corps and informing the public concerning activities of ICMRC, or for educational purposes, I consent to audio recordings, motion or still pictures, videotape recording, or live broadcast, collectively referred to as "image or audio production." I authorize this under the following conditions:

Only an individual approved by the Health Officer or PIO shall produce the image or audio production. ICMRC shall be held harmless for images taken by unauthorized individuals in the public areas of ICMRC buildings or by individuals other than ICMRC staff at offsite clinics or events.

The image or audio production shall be used for public health promotion or education; such image or audio production may be published and republished, exhibited either separately or in connection with each other, or used for any other purpose deemed proper in the interest of public health education or promotion of ICMRC activities provided, however, that I shall not be identified by name without my consent below. I grant this consent as a voluntary contribution in the interest of public health education or to promote the programs and services of ICMRC.

I waive all rights I may have to any claims for payment or royalties in connection with any exhibition, television or other showing of the image or audio production.

I understand that the image or audio production may be edited, modified, or retouched in consideration of artistry, space or time without any rights on my part relative to such edification.

I, \_\_\_\_\_, do consent to be identified in the image or audio production.  
[print your name]

*Signature of client, parent, legal guardian, or other person authorized to consent for client, staff member*

Home phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Address \_\_\_\_\_

Event or activity & location \_\_\_\_\_

Witness \_\_\_\_\_