

Hawai'i Pacific Health Authorization for Audiotape, Videotape, Film, Photography or Personal Story



Project name: _____

Project description: _____

The undersigned hereby acknowledges and agrees to the following:

- I understand that Hawai'i Pacific Health (HPH) will have unlimited use of any and all photos, videos and audio tapes from this project. These assets may be repurposed for future productions, including but not limited to TV, print, radio, social media and digital campaigns.
- I will not receive images or video proofing for review.
- I will not receive hard or soft copies of the final assets (i.e., photos, videos, etc.) or campaign.
- I understand that I will not be compensated for participating in this project or for the use of the final assets.
- I represent and warrant that I am at least 18 years of age or legally emancipated and have the right to contract in my own name, or I am the parent or legal guardian of a minor participating in this project and have the authority to sign this authorization in his or her name. I further affirm that the authorizations and rights granted hereunder do not conflict with or violate the rights of any third party.
- I am aware that a representative from the vendor(s) contracted by the HPH Marketing and Communications Department for this project might contact me with additional information or questions regarding the project.
- I understand that I may revoke this authorization at any time by notifying Claire Tong, Director of Marketing, in the Marketing and Communications Department in writing. However, I also understand that revocation of this authorization will not apply to any final assets already released publicly before the revocation.

The information disclosed, recording, audio, video, photo and/or personal story will be used in one or more of the following ways:

- Training of other clients and/or family members
- To physicians and other health care professionals
- For members of the community
- Educational publications - including newsletters, brochures, program reports, multimedia and program-related website
- Website and multimedia projects
- Stories for publication or electronic broadcast

Other (please specify): _____

TALENT SIGNATURES:

First Name: _____ Last Name: _____ Signature: _____ Date: _____

First name of parent/legal guardian (if applicable) Last name of parent/legal guardian (if applicable) Signature of parent/legal guardian (if applicable) Date

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