



## AGREEMENT AND CONSENT

I, the undersigned, hereby authorize, license, and consent to the unrestricted use by Passy-Muir, Inc. ("Passy-Muir") of the names, statements, quotes, stories, likeness, images, film, videotape, or photographs of:

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(Please print the name of subject ("Subject"), for instance, the person whose image appears in the photograph, or the person who is being quoted.)

I agree that Passy-Muir may use any names, statements, quotes, stories, likeness, images, films, videotapes, or photographs that I submitted to Passy-Muir, or that were created by Passy-Muir, in any manner that Passy-Muir may deem appropriate for purposes that include, but are not limited to, advertising, education, research, treatment, public relations, and media relations, with the following limitations (please check one box):

Full name/professional title/service & rank     First & last name     First name only

Other limitations

(explain): \_\_\_\_\_

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I also understand that Passy-Muir may place such names, statements, quotes, stories, likeness, images, films, videotape, or photographs on the Internet.

I understand that Passy-Muir is relying on my consent and will expend significant time and resources creating and preparing materials based on this Agreement and Consent.

Except as specifically stated above, I hereby waive any and all rights I may have with respect to any names, statements, quotes, stories, likeness, images, films, videotapes, or photographs that I have provided to Passy-Muir, and all images or works created from them. Except as specifically stated above, I hereby waive any and all rights I may have with respect to any photographs or videotape taken of the Subject by Passy-Muir, and all images or works created from them.

Without limiting the generality of the foregoing, I specifically waive: (i) any rights I may have to be paid or otherwise compensated for the use of such names, statements, quotes, stories, likeness, images, films, videotapes, or photographs that I have provided to Passy-Muir; (ii) any rights I may have to control the manner of use of such names, statements, quotes, stories, likeness, images, films, videotapes, or photographs that I have provided to Passy-Muir; and (iii) any rights I may have to inspect or approve the finished images, video, internet website, or printed matter that may be used in connection with the names, statements, quotes, stories, likeness, images, films, videotapes, or photographs that I submitted to Passy-Muir, or that relate to the Subject and were created by Passy-Muir. I understand that due to space and other editing considerations, the content may be edited or altered by Passy-Muir.



I agree to hold harmless Passy-Muir, Inc., and its officers, agents, representatives and employees, from any liability resulting from, or arising in connection with, the use of such names, statements, quotes, stories, likeness, images, films, videotapes, or photographs, including claims of copyright infringement, defamation and invasion of privacy.

I understand that Passy-Muir is not obligated to use such names, statements, quotes, stories, likeness, images, films, videotapes, or photographs unless Passy-Muir decides in its sole discretion to do so.

I am over 18 years of age, and I am authorized to sign this Agreement and Consent on behalf of myself and the other persons (if any) listed below:

Date:

\_\_\_\_\_  
Subject's Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

**Personal Representative Consent**

I am the Personal Representative of the person named above and have the legal authority to execute the above Agreement and Consent on behalf of him/her and myself. I approve the foregoing and waive any rights in the names, statements, quotes, stories, likeness, images, films, videotapes, or photographs as referred to in this agreement.

Date:

\_\_\_\_\_  
Signature of Subject's Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Printed Name of Legal Guardian

**For clinician use only:**

Date media recorded \_\_\_\_\_ Facility name \_\_\_\_\_

Patient identification (diagnosis, hair color, file name etc.) \_\_\_\_\_