



# Baton Rouge General

## AUDIOVISUAL CONSENT AND RELEASE FORM

I, \_\_\_\_\_, hereby consent to allow Baton Rouge General Medical Center (BRGMC), General Health System (GHS), its agents, representatives, employees, successors, or assigns to photograph, video tape, voice or data record me. I further grant to BRGMC/GHS the right and permission to copy-right, reproduce, broadcast, telecast and/or publish the photograph(s), film, videotape, recordings, endorsement or copy in which I may be included in whole or part, or composite form for utilization in diagnostics, documentation, treatment and/or teaching or demonstration purposes, or art purposes, trade, web site use, advertising and all advertising media, or for any lawful reproduction purpose. I further agree to release GHS, BRGMC, its agents, representatives, employees, successors, or assigns from any liability by virtue of any blurring, distortion, or use in composite form, that may occur or be produced in the taking and reproducing of said photograph(s), videotape, or recording, or in any processing tending toward the completion of the finished product. I understand that these images will be stored in a secure manner to protect them from unintended use by unauthorized parties.

I understand and agree these images or recordings may include or infer information regarding medical conditions and/or treatment at the Baton Rouge General Medical Center/General Health System and affiliated entities.

I understand and agree that I have the right to rescind this agreement and BRGMC/GHS will not make any additional media placements using my images or recordings. I also understand that BRGMC/GHS will not withdraw any media where my images or recordings have already been placed. To rescind approval, I must submit a request in writing to Baton Rouge General/GHS Corporate Communications Department, 8490 Picardy Avenue, Suite 500-A, Baton Rouge, LA 70809. For more information or questions, contact GHS Corporate Communications.

Please list any restrictions: \_\_\_\_\_

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Print Name: \_\_\_\_\_

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Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Painting: \_\_\_\_\_

Why I chose to paint this: (Please write on back of sheet why you chose to paint this painting)

Guardian (if above person is under 18 years of age or unable to sign):

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_