Consent to Photograph, Video, or Audio Record

The undersigned (Subject) does hereby agree and authorize UAB Health System Operating Entities including UAB University Hospital; UAB Highlands, University of Alabama Health Services Foundation (HSF), The Kirklin Clinic and other HSF-owned and operated clinics; UAB Callahan Eye Hospital; and University of Alabama Ophthalmology Services Foundation and all respective employees, agents, directors, and trustees, hereafter known as “Health System” to photograph, video record, or audio record __________________________________________ while under the care or employment of a UAB Health System facility or clinic for the purposes of patient/staff identification, patient treatment, student/staff education, research, medical journal/publication, marketing by UAB Health System Marketing Communications. Uses for recordings may include but are not limited to; news releases, website content, printed marketing brochures, training/educational videos, or other authorized forms of organizational communication (internal or public) without compensation of any kind. Each communication may also reveal the name and identity of the undersigned in a descriptive text or commentary associated with any recording(s).

The undersigned (Subject) and his or her heirs or next-of-kin do hereby relinquish all rights and privileges to all aforementioned negative(s), print(s), audio recording(s) and/or video recording(s) while relinquishing all current and future rights and interests for the purposes contemplated herein.

Signed on this the ________ Day of _________________ in the year ___________, at____:_____ am / pm.
____________________________________
Subject or Legal Guardian

____________________________________
Print Name of Subject or Legal Guardian

____________________________________
Witness