

EMPLOYEES / MEDICAL STAFF

## CONSENT FORM AND WAIVER

### AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR PUBLIC USE OF IMAGE (PHOTOGRAPH OR VIDEOTAPE) FOR MEDIA AND PUBLIC RELATIONS PURPOSES

I hereby give consent to Children's Healthcare of Atlanta Inc. (hereinafter "Children's") to take and use images (photographs or videotape) or sounds recordings of me and to disclose information about me and/or my work with Children's to or in any public media, including radio, television, internet or print, or in a Children's publication. I understand that the intended use of such images and information is for advertising, marketing, fundraising or promotional purposes of Children's. I hereby waive the right to or interest in the images or the confidentiality of the information disclosed to the public, as contemplated in this release.

I acknowledge that this consent to use images and authorization for release of information is being made solely for the benefit of Children's and without any expectation of compensation or other benefit to me. To the extent that any benefit accrues or might accrue to Children's from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge Children's (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

I have been informed that this authorization is voluntary and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon, by notifying Children's in writing at: Marketing and Public Relations Department, 1699 Tullie Circle NE, Atlanta, Georgia 30329.

I understand that this authorization remains in effect during my employment at Children's unless it is revoked.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date