# authorization for media release:

# photograph, video, or interview

|  |  |
| --- | --- |
| I authorize Sinai Chicago to disclose the name and contact information of | |
| Name | Birth Date (MM, DD, YYYY) |
| I authorize Sinai Chicago to record my image through video-tape and pictures, as well as to get my opinion through interviews. I agree that any materials taken shall be the sole and exclusive property of Sinai Chicago or media representatives, and that they may use the materials in any manner they wish, including dissemination to the general public via any media. I understand that this authorization may be revoked at any time except to the extent action has been taken in reliance upon it. Furthermore, I understand that this authorization will remain in effect unless specifically revoked by me.  I authorize the above without expecting payment or other compensation arising or related to the use of my image or recording, and I release Sinai Chicago and its employees from any and all liabilities which may arise from the use of Materials. I understand that my image may be edited, copied, exhibited, published or distributed, and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. Sinai Chicago will not condition treatment on whether I sign this authorization. Furthermore, I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal law. There is no time limit on the validity of this release.  By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for the purposes outlined above. | |
|  | |
| Signature (from subject or, if under 18, parent of subject) | Date (MM, DD, YYYY) |
| Phone |  |
| |  |  |  |  | | --- | --- | --- | --- | | Mailing Address | City | State | ZIP Code | | |
| Email | |