

**BUTLER COUNTY HEALTH CARE CENTER
DAVID CITY NE**

Photo/Video Release Form

Please review the release and if you agree to the terms, please sign below.

I give permission to have my photo or video taken and used by Butler County Health Care Center and its affiliates ("BCHCC") for any and all publications, including, but not limited to, marketing material, news releases, advertising, brochures, flyers, websites, and any other media whether traditional or electronic for informational or promotional purposes. I understand and agree that the photograph/images/video will be used to illustrate and promote BCHCC and will become the property of BCHCC and will not be returned to me. I irrevocably authorize BCHCC to change, publish and distribute the photographs/images/video. I acknowledge and agree that I shall have no right of approval and no claim arising out of the use, alteration, or distortion of the photographs/images/video and forever waive any right to review the finished product.

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I acknowledge that my participation is voluntary and that I will not receive any compensation or royalties arising for their use. I release and hold BCHCC harmless from all claims, demands or causes of action arising from this authorization.

I am at least 21 years of age, and am competent to sign this release in my own name, or I am the parent/guardian of the subject whose name appears below and I consent to these conditions. I have read this release and understand its contents.

Name: _____

Signature: _____

Witness: _____

Date: _____