MultiCare
Volunteer Services

Volunteer Services
Consent for Photography/Videotape

I authorize MultiCare Health System (MHS), its employees and its affiliates, to permit MHS or any media representative designated by MHS, to take and use photographic images, including photographs and videotape, of the undersigned for use in any internal or external print (video, web or social media), television and/or other media, for purposes of documentation, public relations, publicity, advertising and/or promotion of MHS and/or its affiliate organization.

I also authorize MHS, its employees and affiliates, to release my name if, in their sole discretion, it is necessary for the purpose set forth above.

I understand that MHS will retain the ownership rights to the photographs, videotapes, digital or other images, but that I will be allowed access to view them or obtain copies.

The undersigned hereby releases MHS, its affiliates, employees and agents from all legal liability for loss or damages resulting from the taking or use of photographs or video, or for subsequent use for any media.

Name of Volunteer (Please Print)	/ / Date of Birth
Electronic Signature of Volunteer	Date
Signature of Parent or Guardian (Handwritten, if Volunteer is under the age of 18)	Date

☐ Opt out of Consent

Signature _____