

**BAYCARE MEDIA RELATIONS AND ADVERTISING PHOTO AND RECORDING  
CONSENT AND AUTHORIZATION – NONPATIENTS**

I, (print name) \_\_\_\_\_, do hereby give BayCare Health System, Inc., and its hospitals, facilities, affiliates (whether by contract or ownership) and subsidiaries (“BayCare”) the absolute right to use my name and image, as they appear or as altered, for reproduction in any medium, at any time, for the purposes of advertising, trade, display, exhibition or editorial use, without payment or any other consideration from BayCare. I hereby hold harmless and release and forever discharge BayCare from all claims, demands and causes of action which I, my heirs, representatives, executors, guardians, administrators, or any other persons acting on my behalf or behalf of my estate have or may have by reason of this release.

**INFORMATION**

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

I am 18 years or older and am competent to contract in my own name and I understand the contents, meaning and impact of this release

I am under 18

**GUARDIAN’S CONSENT (*Please complete if less than 18 years of age.*)**

I, (print name) \_\_\_\_\_, am the parent or legal guardian of the above named minor and hereby approve the foregoing and consent to the use of the photograph or video subject to the terms mentioned above.

I affirm that I have the legal right to issue such consent.

Signature: \_\_\_\_\_

Address: (*if different*) \_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_