



## Permission for Photography and Model Release

Staff Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby grant Web Partners, LLC (the "Producer") and the above-named Practice, its physicians or providers, subsidiaries, and any related organizations (the "Party" or "Parties") to use and disclose information about me for the purposes of creating press releases, news stories, photographs or video clips, website and/or publications, as well as pictures/graphics/video in which I may appear and/or be heard, for use in internal Party publications and/or disclosure to external (non-Party) media (collectively, the "Materials"). I agree to be photographed, videotaped, and/or recorded by the Parties for the purposes described herein.

The information about me may include my: name, title, job functions, work history, and/or employment relationship with the Practice. The information may also be disclosed to external media in the form of press releases, stories, photographs or video clips. It may also be used for internal purposes or on the Provider website or through Provider's own marketing or educational campaigns. Parties will not receive any direct or indirect payment from or on behalf of any third party in exchange for the release of this information about me.

I understand my employment with the Practice is not dependent on this authorization. I understand I am not required to sign this authorization, however the information will not be used or disclosed without authorization. I understand I have the right to revoke this authorization in writing, except to the extent information has already been released pursuant to this authorization at the time of the revocation. I can revoke this authorization by sending correspondence to the Administrator of the Practice listed above.

I understand that all the Materials, and all films, audiotapes, videotapes, reproductions, media, plates, negatives, photocopies, and electronic and digital copies of the Materials, are the sole property of the Parties. I agree not to contest the rights or authority granted to the Parties hereunder. I hereby forever release and discharge the Parties, its employees, licensees, agents, successors, and assigns from any claims, actions, damages, liabilities, costs, or demands whatsoever arising by reason of defamation, invasion of privacy, right of publicity, copyright infringement, or any other personal or property rights from or related to any use of the Materials or the release of information authorized above. I understand that the Parties are under no obligation to use the Materials.

This authorization will remain in effect for ten (10) years or the day my employment relationship with Provider ceases or I revoke my permission.

\_\_\_\_\_  
Signature of Staff Member

Date: \_\_\_\_\_