



Long Island Select Healthcare

Long Island Select Healthcare Photo and Video Image Release

Photo Release for Individuals:

I, (please print name) _____, give Long Island Select Healthcare (LISH, Inc.) without compensation, the absolute right and permission to take and use indefinitely from the signing date, my photograph, quote, and/or identify me in LISH's newsletter, annual report, press release, website or other publications or promotional materials. I release LISH, their officers, employees, agents and designees, photographers, writers, the editors, and the publishers from liability for any violation of any personal or proprietary right I may have in connection with such use.. I am 18 years of age or older. I am aware that I can withdraw this permission at any time prior to publication or release.

Event: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

For Parent or Guardian:

I represent that I am the parent/guardian of the minor or incapable adult named above and agree that the grant and release contained therein binds us and said minor or incapable adult to all the terms thereof.

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Address of Parent/Guardian _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____