



**EMORY**  
UNIVERSITY

**EMORY**  
HEALTHCARE

### Photography/videography Consent Form

I, \_\_\_\_\_, grant Emory University or its affiliated entities (including, but not limited to Emory Healthcare, Emory University Hospital, Emory University Hospital Midtown, Emory University Orthopaedics & Spine Hospital, Emory Johns Creek Hospital, Emory Saint Joseph’s Hospital, the Emory Clinic, or the Wesley Woods Center) (collectively “Emory”) permission to use any photographs or videos in Emory’s own publications or in any other broadcast, print, or electronic media, including—without limitation—newspaper, radio, television, magazine, internet. I waive any right to inspect or approve my depictions in these works.

I agree that Emory University may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian  
(if under age 18) \_\_\_\_\_

Name of person obtaining signature \_\_\_\_\_