



PHOTOGRAPHY RELEASE FORM

Individuals entering photographs in the Capella Community Photography Contest must obtain a signed release form from any member of the public who is visibly recognizable in the photograph. Crowd scenes where no single person is the dominant feature may be exempt. These rules govern photographs intended for use in any publication of a marketing or a public relations nature, such as newsletters, brochures, presentations, displays, websites, Social Media sites, promotional items, or other such material.

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Photo Release Requested by (Photographer's Name) \_\_\_\_\_

Date \_\_\_\_\_

I hereby grant permission to Capella Healthcare and its affiliates and/or related organizations to use my likeness in photograph(s)/video in any and all of its publications, presentations, displays, websites and Social Media and in any and all other media, whether now known or hereafter existing, controlled by Capella Healthcare, in perpetuity. I agree to indemnify, defend and hold harmless Capella Healthcare, its respective subsidiaries, affiliates, directors, officers, employees, attorneys, agents and representatives, from any and all third party liability for any injuries, loss, claim, action, demand or damage of any kind arising from or in connection with the photo use(collectively, "Losses"), including without limitation any third party claim for copyright infringement or a violation of an individual's right to privacy and/or publicity right. I will make no monetary or other claim against Capella Healthcare for the use of the interview and/or the photograph(s)/video.

Name of Individual in Photo (print full name) \_\_\_\_\_

Signature \_\_\_\_\_

Relation to subject (if subject is under the age of 18): \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_