



Communications & Marketing
 One Medical Center Drive
 Lebanon, NH 03756-0001

**Consent to be Videotaped, Photographed,
 Recorded, and/or Interviewed for a
 Promotional Purpose/Marketing and
 Communications Initiative**

Participant _____ Date of Birth _____

Address _____ City _____ State _____ ZIP Code _____

Email Address _____ Phone _____

I hereby consent to be videotaped, photographed, recorded and/or interviewed by Dartmouth-Hitchcock ("D-H"), comprised of Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic, or its authorized representative, in connection with the Communications and Marketing initiative(s) described below, which may include public relations activities and fundraising activities:

Participation in Youth Summit 2019, April 5, 2019

I grant D-H the right to use and publish any such videotapes, photographs, motion pictures and/or information obtained from interview(s) (the "Materials") in the following media:

- Advertising/marketing on television, radio and in print
- Internal and external D-H publications (i.e. annual reports, newsletters, brochures, etc.)
- D-H's website (internal and external)
- D-H's social media platforms (including but not limited to Facebook, Google+, Instagram, LinkedIn, Pinterest, YouTube and Twitter)

I hereby waive any action I may have for payment or royalties in connection with any exhibition, televising, or publication of the Materials.

I grant D-H the right to reproduce, distribute, publish, and display the Materials, and the right to create derivative works from the Materials, edit or modify the Materials, and use such Materials for any D-H initiative or activity consistent with the Communications & Marketing initiative described above. In the event, however, that I request D-H discontinue use of the Materials in the future, D-H will try its best to accommodate my request, but I understand that D-H cannot guarantee that it will be able to do so.

By signing this form, I release D-H, its subsidiaries and affiliates, and its officers, directors, trustees, employees, members, managers, agents and other representatives from all claims and demands arising out of or in connection with any use of the Materials, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation, and any other personal and/or property rights.

I have read and fully understand this form, and all my questions have been answered.

Two signatures required for those under 18:

 Signature of Participant

 Date

 Signature of Participant's Parent or Guardian