



Irrevocable Release and Authorization
To Record for Film, Video or Still Photography

I, _____ hereby grant Northwell Health, Inc., its subsidiaries, related entities, legal representatives, agents, successors or assigns (“Northwell”) permission to record my name, likeness, image, voice, and recognizable features or any part thereof on films, videos (digital or tape format), still photographs and/or sound records (collectively, “Photographs and Recordings”), and to incorporate these Photographs and Recordings into film or video productions, website entries, or any other public or private use, and to use and license others to use such Photographs and Recordings in any manner of media whatsoever without payment or any other consideration. Further, I understand and agree that Northwell will exclusively own all rights to these recordings irrespective of the form in which they are produced and used, and these materials will become the property of Northwell and will not be returned. I understand that the Photographs and Recordings may be subject to reasonable modification or editing and hereby waive the right to inspect or approve any finished products, including written or electronic copy, wherein my likeness appears. Additionally, I acknowledge and agree that the use of the Photographs and Recordings by Northwell may result in direct or indirect monetary benefit to Northwell or other third parties and waive any right to royalties or other compensation arising or related to the use of the photograph. I further acknowledge and agree that Northwell may not be able to prevent third parties from using, altering or republishing the Photographs and Recordings.

I further expressly agree that the foregoing release is intended to be as broad and inclusive as is permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby hold harmless and release and forever discharge Northwell from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I acknowledge that I have read this document and understand its terms. I am signing the release freely and voluntarily.

Name: _____

Signature: _____ Date: _____

Name of Parent/Guardian if Minor: _____

Signature of Parent/Guardian: _____ Date: _____

Address: _____

City: _____ State _____ Zip Code: _____