The Oley Foundation
Photographic, Videotaping Release Form

The Oley Foundation frequently uses photographs in print publications and electronic resources for teaching purposes, raising awareness, promotion, and/or news releases. Further, we are often asked to supply photographs to other organizations for these purposes.

Check the box(es) below that best indicates your wishes.

___ Yes, I give the Oley Foundation permission to use photos or videos of me.

___ Yes, I allow companies or organizations Oley works with to use photos or videos of me.

___ Ask my permission before using any photo/video of me.

___ No, I do not give the Oley Foundation permission to use photos or videos of me. I understand my image may appear in group shots.

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In giving this permission, I hereby release the Oley Foundation, the Albany Medical Center Hospital and their staffs from any and all responsibility. I understand that all rights to distribute/resell the photographs or taped programs are solely the property of the Oley Foundation and that I may make no claims to ownership.

Your name (print): ______________________________________________________________

Date: ____________________________________________________________________________

Signature: _________________________________________________________________________

Parent’s signature (if under 18): _____________________________________________________

E-mail address or phone number:

______________________________________________________________________________

Return to conference registration desk, address above, or e-mail to harrinc@amc.edu.