



Employee Participant Release

I agree to appear in the photo/video project entitled _____ ("Project") to be produced by or on behalf of Charleston Area Medical Center, Inc. and/or its affiliates ("Producers"). I hereby irrevocably and unconditionally grant and assign to the Producers, their successors and assigns, all intellectual property rights in the Project, including but not limited to, the right to use, publish, display and copyright the Project, for commercial, business and all other lawful purposes. I understand that:

The Producers will be free to use my images, as well as any professional information about me, in the Project and in any derivative works of the Project, regardless of whether or not I am an employee of the Producers at the time.

The Producers will have the right to decide when, where, and how my image and the information will be used in the Project, including the right not to use the material, my photo/video image, or information.

The Producers will have full editorial control and ownership of the Project. The Project may be made available in whole or in part in various types of media and by various means of distribution, including the World Wide Web.

The Producers will have the right to reproduce, exhibit, distribute and transmit the Project (or authorize others to do so), without limitation, and without compensation to me, in any manner and media worldwide and in perpetuity.

I understand that my participation in the Project is voluntary and that I will not be paid for my participation.

I certify by signing below that I am of legal age, 18 years or older, and that I have read and fully understand the contents herein.

Printed Name

Date: _____

Signature