

AUTHORIZATION FOR USE, DISCLOSURE, AND PUBLICATION
OF PHOTOGRAPH BY PHOTOGRAPHER FOR
OCSHNER RUSH MEDICAL CENTER'S SNUGGLEBUNNIES CAMPAIGN

Photographer: _____

Address: _____

City, State Zip _____

Phone Number: _____

I, the above named photographer ("Photographer"), fully, finally, and forever grant OCHSNER RUSH MEDICAL CENTER and its affiliates permission to use, disclose, and publish the attached or enclosed photograph of _____ taken by Photographer in connection with the Rush SnuggleBunnies campaign. I understand and agree that the photograph may be used in on-air for television, online, including on Facebook or other social media, website, mobile phone applications, and other publications or communications as part of and in connection with the Rush SnuggleBunnies program not to exceed thirty-six (36) months.

I understand that no watermark or information will appear identifying the Photographer on the photograph or otherwise in the SnuggleBunnies campaign attributing the photograph to Photographer.

I hereby release OCHSNER RUSH MEDICAL CENTER, and Ochsner Rush Health, Inc., and their affiliates, members, directors, officers, physicians, nurses, employees, agents, successors, and assigns and anyone for whom OCHSNER RUSH MEDICAL CENTER may be liable ("Released Parties") from any and all claims or demands of every kind that I have now or hereafter against Released Parties in connection with the appearance of said photograph as part of OCHSNER RUSH MEDICAL CENTER SnuggleBunnies campaign.

The undersigned hereby agrees he/she shall indemnify and hold Ochsner Rush Health, Inc., Ochsner Rush Medical Center, and their affiliates, members, directors, officers, physicians, nurses, employees, agents, successors, and assigns (collectively "Ochsner Rush Health") harmless from and against all liabilities, costs, damages, and expenses (including, without limitation, attorneys' fees and associated costs) resulting from or attributable to the acts or omissions of Ochsner Rush Health arising from, in connection with, or related to the SnuggleBunnies campaign or the use, disclosure or publication of the photograph provided. This indemnity agreement shall survive the period of time during which the photograph or information is used, disclosed, or published.

DATE : _____

PHOTOGRAPHER: _____