

ACCOUNT #
UNIT #
ADMIT DATE

DOB
AGE
SEX

FREDERICK HEALTH

400 West 7th Street
Frederick, MD 21701

240-566-3300

**RELEASE FOR PHOTOGRAPHIC AND/OR VIDEO RECORDING IN THE
BIRTHPLACE AT FREDERICK HEALTH HOSPITAL**

I, the undersigned, expect to deliver my infant(s) at Frederick Health Hospital ("Hospital"). I desire to take photographs and/or video recording of portions of the delivery of my child(ren) in the Hospital. I understand that all such activity can only be performed with the permission of Frederick Health Hospital and the individuals being photographed or recorded, and that such photographic or video recording activity will not be permitted to interfere with the healthcare being provided at Frederick Health Hospital.

Frederick Health Hospital's permission to allow me to take photographic and video recording at the Hospital of the delivery and newborn children is expressly conditioned on each of the following to each of which I agree as evidenced by my signature below:

1. I will obey instructions from the physician and/or nurse, including ceasing photographic or video recording activity, upon request for any reason.
2. I will obtain the prior permission of my obstetrician for photographic or video recording activity at the Hospital.
3. I will avoid photographic or video recording any individual or hospital employee who has not given their consent to be photographed or video recorded.
4. I agree that the photographs and/or video recording will be used only for personal use and will not be used in connection with distribution of any kind to any unrelated party or for any other use.
5. I agree that the photographic and/or video recording, and any and all copies or reproductions thereof will not be used in any subsequent claim, proceeding, or litigation of any sort relating in any way to the activities being photographed or video recorded.
6. I hereby waive any objection that my unborn child(ren) may have with respect to the activity contemplated by this agreement.
7. I hereby release, discharge and hold harmless Frederick Health Hospital, its employees, agents, officers and trustees, and all persons acting under its permission or authority, for any liability of any sort arising out of the activities described in this release.
8. I have the right to revoke consent during recording or filming at any time.

I hereby warrant that I am of lawful age and have every right to contract for my unborn child(ren) or newborn in the above regard. I state further that I have read the above Release Agreement prior to signing below and that I am fully familiar with its contents. This release shall be binding upon me, my spouse or significant other, and all of my heirs, legal representatives and assigns.

Patient Signature: _____ Date: _____ Time: _____

Other Signature: _____ Date: _____ Time: _____
(if applicable)

Witness: _____ Date: _____ Time: _____

