

Northwest Community Healthcare (NCH)  
PARAMEDIC PROGRAM

**Photo, video, and audio Consent and Release form**

I authorize Northwest Community Hospital (NCH) acting through its agents, employees, or representatives, to take photographs, video recordings, and/or audio recordings of me, including my name, my image, my likeness, my performance, my property, and/or my voice ("Recordings") obtained while I am a paramedic student of the Northwest Community Paramedic Education Program.

I also grant NCH an unlimited right to reproduce, use, exhibit, display, broadcast, create derivative works from, copyright, and distribute the Recordings in any manner or media now existing or hereafter developed, in perpetuity, throughout the world. I agree that the Recordings may be used by NCH, including its assigns and transferees, for any lawful purpose, including but not limited to, education, knowledge, research, class member recognition, marketing, advertising, publicity, or other promotional purposes.

I agree that NCH will have final editorial authority over the use of the Recordings, and I waive any right to inspect or approve the finished product and/or of any future use of the Recordings. I acknowledge that I am not expecting to receive compensation for participating in the Recordings and waive any right to royalties or other compensation arising or related to any future use of the Recordings. I understand and agree that these Recordings are the property of NCH and will not be returned.

I release and fully discharge NCH, and its employees, agents, and representatives, from any claim, damages, liability, 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 represent and certify that my true age is at least 18 years old and am competent to contract in my own name. I have read this entire Consent and Release form. I fully understand the contents, meaning, and impact of this release and agree to be bound by it.

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\_\_\_\_\_  
Student PRINTED NAME

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
NCH Paramedic Program representative

Phone \_\_\_\_\_

Email: \_\_\_\_\_