

Student/Intern Authorization & Release Form

Content Consent for WakeMed Use

This consent form is intended for minor (under age 18) students, interns and/or other non-employees who choose to be featured in WakeMed-developed content or communications channels. **Parent/guardian consent must be provided for all individuals under the age of 18.** Any communications and content that includes any Individual's health-related information must comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA), and require Patient authorization.

Content Categories (Check all that may apply):

- Photograph(s)
- Video or Audio Recording(s)
- Testimonial/Review/Letter/Email
- Social Media Post (published content from the Patient or Individual's page/account/profile)
- News Media Story (published story in connection with the Patient or Individual)

Brief Description of Content:

As the parent/legal guardian, I hereby authorize WakeMed to use and/or repurpose the content of the Patient or Individual identified in the name field below, along with any information they provide about their experience/connection to WakeMed, without payment or other consideration, in any and all WakeMed communication platforms. Such platforms include, but are not limited to, the following: WakeMed website, blog, podcast, social media pages and user-generated content sites (YouTube, LinkedIn, etc.); WakeMed publications (internal and external); WakeMed advertising and marketing materials; WakeMed closed circuit television transmissions; and news media (print, broadcast and digital).

I understand and agree that:

- My authorization to release my child/legal guardian's name, content and information to WakeMed is voluntary.
- All content will become the property of WakeMed to be stored and managed for future use across all WakeMed-branded platforms and will not be returned.
- WakeMed may alter, enhance, crop, or otherwise modify all content for use in various platforms.
- I waive any right to royalties or other compensation arising or related to the use of all content. I also understand that WakeMed is not receiving any payment for agreeing to use this content.
- Treatment will not be conditioned upon my completion of this authorization.
- I may revoke (or cancel) this authorization at any time except to the extent that the content has already been released pursuant to this authorization and before I have revoked my consent. If I choose to revoke this authorization at any time in the future, I must do so in writing by contacting WakeMed Marketing & Communications at: MarketingandCommunications@wakemed.org.

Full Name of Minor (Student/Intern/Individual): _____

Event or Program Individual is participating in: _____

Full Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Phone: _____

Email Address: _____

This consent is expressly intended to release WakeMed, its personnel, the attending physician(s) and any other providers or persons participating in patient care from any and all liability that would result from the authorized use of this content. This Authorization will automatically expire three years from the date signed unless revoked or another date or event is written here: _____