

ESRD NETWORK 13

Serving Arkansas, Louisiana & Oklahoma Renal Communities



Photo and Information Release Form

The undersigned does hereby authorize ESRD Network 13 to photograph/film

Name (please print)

The undersigned authorizes ESRD Network 13 to permit the use and display of said photographs in any publication, multimedia production, display, or World-Wide Web Publication.

The undersigned agrees that the Network may use name, likeness, or biographical information supplied by the undersigned.

The undersigned releases and forever discharges ESRD Network 13 from any and all claims and demands arising out of or in connection with the use of said photographs / images, including but not limited to, any claims for invasion of privacy, defamation or compensation.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Accepted and Agreed:

Signature of Subject

Date

(Please print)

Your Name: _____

Facility Name: _____