

## Authorization and Release

**This section is to be completed by Health New England, Inc.**

Name of Project:           November, 2012 *Inside HNE* Newsletter Photo Contest

Description of Photograph(s):           Wellness Pictures

Date(s) of Photographs:           Please submit by October 15<sup>th</sup>, 2012

Anticipated Uses of Photographs:       In the November, 2012 *Inside HNE* Newsletter

Name of Photographer: \_\_\_\_\_

I, \_\_\_\_\_, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, give to Health New England, Inc., its legal representatives, successors, and assigns (collectively, "HNE"), the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise. This Authorization and Release includes, but is not limited to: printed and digital use; and publication or republication in HNE's newsletters, advertisements, brochures, billboards, commercials, radio advertising or other advertising or promotional materials. This Authorization and Release is unrestricted and not subject to any exceptions or limitations unless specifically noted below.

If this Authorization and Release is subject to any exceptions or limitations (collectively, "Limitations"), describe them here:   Check here if none:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Except as to the Limitations noted above, I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed or digital matter that may be used in conjunction therewith, or the use to which it may be applied.

I hereby release, discharge and agree to save harmless HNE from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including, without limitation, any claims for libel or invasion of privacy.

[OVER]

I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization and release prior to its execution, and I fully understand the contents thereof. This Authorization and Release shall be binding upon me and my heirs, legal representatives and assigns, and shall be governed by the laws of the Commonwealth of Massachusetts.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_