



Healthy Livonia's Featured Resident

Are you or someone you know a Healthy Livonia resident? Nominate them to be *Healthy Livonia's Featured Resident* by sharing their story and photo with us. If chosen, they will be recognized on Healthy Livonia's Facebook page.

Submission Rules

Photo submissions must include the individual being nominated. Others featured in the photo must also fill out a photo release form. Please limit the photo to include no more than two additional people (three total.) Any nominees under the age of 18 must have a parent or guardian complete a release photo release form on their behalf. Healthy Livonia's Featured Resident must be a Livonia resident and participate in a healthy activity.

Nominee Name: _____

Nominee Phone Number: _____

Nominee Address: _____

Your Name (if the same as above, just note "same"): _____

Your Phone Number: _____

Your Email Address: _____

Description of picture; why or how does it show an example of healthy living? (Please limit responses to 250 characters.)



Photo Release and Release of Information

_____ **HEALTH SYSTEM USE** - I hereby give my consent to Saint Joseph Mercy Health System, its affiliates, assignees and licensees to take and use pictures (motion or still, including videotape) of me; as well as use my name, voice and/or verbal statements for medical, educational advertising, proprietary, fundraising or publicity purposes. I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of Saint Joseph Mercy Health System and I shall have no right or title to such items and that Saint Joseph Mercy Health System shall have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse my image, voice and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed. I agree that Saint Joseph Mercy Health System does not owe me any compensation for the acts that I have consented to in this agreement. I further understand and agree that these materials may be kept on file and used by Saint Joseph Mercy Health System for potential future purposes and further agree to release Saint Joseph Mercy Health System from any and all liability arising from or in connection with the taking, use, publication or dissemination of such materials. I acknowledge receipt of good and valuable consideration in exchange for this release, which may simply be the opportunity to be included in the materials as described above.

_____ **OUTSIDE NEWS MEDIA USE** - I hereby give my consent to media representatives (newspapers, television, radio and Internet and other third parties approved by Saint Joseph Mercy Health System) to take and use pictures of me and use my statements in their coverage of activities, research or events that involve or take place at Saint Joseph Mercy Health System, its affiliates, assignees and licensees and request that SJMHS permit media representatives to have access to and speak with me for these purposes.

Name: _____

Name of Parent or Legal Guardian (if under 18 years of age): _____

Signature: _____ Date: _____

Intended Use: _____

Witnessed By: _____

YOUR RIGHT TO RESCIND CONSENT

Health System Use - You have a right to rescind consent at any time during taping, filming, recording or photography. To rescind consent, please contact Media Relations at 734-712-4033.

Outside News Media Use - You have the right to request cessation of taping, filming, recording or photography. You also have the right to rescind consent up to the moment the media representatives leave hospital property. Once the media representatives have left the premises, you will not be able to rescind consent. To rescind consent prior to the media's departure, tell the hospital's media relations staff member who is accompanying the media while they are in your presence. If they have left your presence, you can page her or him at 734-670-8029 to see whether or not the media has left the premises.