The Music for Healing and Transition Program Inc.
22 West End Road, Hillsdale, NY 12529 • 518-325-5546 • mhtp@mhtp.org

Photography and Publicity Consent, Release and Submission Form

I/We, the undersigned, do hereby authorize the practitioner(s) listed and *The Music for Healing and Transition Program™* (MHTP™), to take, obtain and make use of the attached photograph(s) as they see fit. By checking the appropriate box(es) below, I/We give permission to be identified in conjunction with said photograph(s). I/We understand this will be done without compensation to me/us.

- ❑ Practitioner 1 _____ Date _____
  signature
  Address _____
  Phone _(_____)_____ Email _____
- ❑ Practitioner 2 _____ Date _____
  signature
  Address _____
  Phone _(_____)_____ Email _____
- ❑ Patient 1 _____ Date _____
  signature
  Address _____
  Phone _(_____)_____ Email _____
  If minor, state age_____
  Parent or guardian _____ Date _____
  (signature required for minor child or incapacitated adult)
- ❑ Patient 2 _____ Date _____
  signature
  Address _____
  Phone _(_____)_____ Email _____
  If minor, state age_____
  Parent or guardian _____ Date _____
  (signature required for minor child or incapacitated adult)
- ❑ Staff (give title) _____ Date _____
  signature
  Address _____
  Phone _(_____)_____ Email _____
- ❑ Other (give relationship)_____ Date _____
  signature
  Address _____
  Phone _(_____)_____ Email _____

Photographer's Release

I, the undersigned photographer, authorize and permit the practitioner(s) listed and *The Music for Healing and Transition Program* (MHTP) to use my photographs as they see fit and understand that this will be done without compensation to me. A photo credit will be given if I choose (check box below).

- ❑ Photographer _____ Date _____
  signature

  Address _____

  Phone _(_____)_____ Email _____

Facility's Release

I, the undersigned representative of _____(facility), authorize and permit the practitioner(s) listed and *The Music for Healing and Transition Program* (MHTP) to take, obtain and make use of the attached photograph(s) at this facility as they see fit. By checking the appropriate box below, permission is granted for this facility to be identified in conjunction with the said photograph(s).

- ❑ _____ Date _____
  signature *title*

  Address _____

  Phone _(_____)_____ Email _____

Submission Instructions - <u>This form must be printed out back to back and top to top</u>, to avoid possible separation of information.

PHOTO SPECIFICATIONS: We prefer to receive prints (black and white or color) taken with film cameras. We also will accept for possible use high resolution (300 dpi or greater) photos taken with a digital camera, submitted via email as JPEGs.

COMPOSITION: The picture should include a practitioner and a patient in a healthcare setting (in bed or wheelchair, etc.), making eye contact with each other if possible. The closer the CMP is to the patient, the better. Including healthcare personnel and family members is OK, but try to limit it to 3 people. Make sure the surroundings are uncluttered. Whenever possible, compose the photo so it will fit an ad with a <u>THIN, VERTICAL or THIN, HORIZONTAL FORMAT</u>. See examples at: http://members.aol.com/BrynnaB/mhtpads.htm.

IDENTIFICATION: Please legibly identify each person in the photo(s), in left-to-right order. If you are submitting hard-copy prints, affix labels to the back. <u>DO NOT WRITE ON THE BACK OF THE PHOTOS</u>. It may show through when scanned.

THE FORM: Failure to complete and attach photocopies of this form for all photos will jeopardize the use of the photos. All photographs pertaining to this form must depict the same people, in the same facility, by the same photographer. Use additional consent forms if showing different people, a different facility or if taken by a different photographer. Please include a typewritten list of the names of all people who sign this form, in case we can't read their signatures.

SUBMISSION: All materials must be packed so as to protect the contents. Folded or otherwise damaged photos cannot be considered. If you would like any unused or unusable photographs to be returned, please enclose a self-addressed, stamped envelope with appropriate postage. MHTP retains the right to hold useful photographs for possible future use.

Please address to: **Donna Adams-Profeta, 197 Stage Road, Ballston Lake, NY 12019-2608**.

Questions or additional information: Please contact Donna at (518) 383-3524 or BrynnaB@aol.com