



AUTHORIZATION OF USE

√ Specific Project CELEBRATE KENTUCKY WALL and CHILDREN’S HOSPITAL

I, (print full name) _____ (*) hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to Broekema Photography, LLC to interview, photograph and/or videotape me, or my minor child, and/or supervise any others who may do the interview, photography, and/or videotaping and/or to use and/or permit others to use information from the aforementioned interview and/or aforementioned images in educational and promotional activities for the following without compensation:

- √ UK Health Care Celebrate Kentucky wall and associated installations
- √ University Electronics Publishing (www) promoting the Celebrate Kentucky installation
- √ University Promotion/Advertising for the Celebrate Kentucky installation
- √ Local/regional/national news media in regards to Celebrate Kentucky installation

Signature: _____ Date: _____

Witness: _____ Date: _____

NAME AND MAILING ADDRESS (please print)

Name: _____

Address: _____

Email: _____

Phone: _____

- *If the individual to be interviewed, photographed and/or videotaped is under the age of 18, please indicate your relationship or authority to consent:* _____
- *Signature of Parent or Guardian:* _____ *Date:* _____