



**RHI SPORTS PROGRAM
CONSENT TO PHOTOGRAPH, RECORD AND/OR ILLUSTRATE**

This form may be used for any of the following photography or recording needs:

- Photographing, recording, and/or illustrating of individual to assist the staff of Rehabilitation Hospital of Indiana in improving medical diagnosis, treatment, research, and education. I understand that if I am a patient at RHI any photographs, recordings, and illustrations will be part of my medical record and subject to the same restriction on disclosure that apply to other parts of my medical record. I further authorize the use of such photographs, recordings, and medical illustrations for other purposes connected with education and research, providing my name is not used or disclosed in connection therewith.
- Photographing, recording, and/or illustrating of individual for the use of Rehabilitation Hospital of Indiana to print or publish in its own publications.
- Photographing, recording, and/or illustration of individual for release to the news media.
- Photographing, recording, and/or illustrating of individual for my own personal use.
- Photographing, recording, and/or illustrating of individual for the following reason:

With regard to the above selections, I restrict such procedures as follows:

Signature of Participant, Parent, Guardian

Date

Who May Consent:

1. The participant, if an adult or emancipated minor
2. The parent, if the participant is an unemancipated minor
3. The guardian, if the participant is incompetent