

## Assignment of Rights and Release for Use of Digital Material (Photography, Video, Recordings, Multimedia)

<b>Date *</b>	
<b>Project Name *</b>	
<b>Project Contact *</b> Baxter coordinator(s)	
* To be filled out by project coordinator	
<p>I hereby give permission to Baxter Healthcare Corporation, its parent, subsidiary, and affiliate corporations ("Baxter"), to use my and/or my minor child's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Baxter. I agree that Baxter has complete ownership of and assign all rights to such pictures, etc., including the entire copyright, and may use them for any purpose. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release Baxter and its agents and assigns from any and all claims I might have against Baxter of any kind whatsoever arising out of the photographing, filming, videotaping, recording or use, transmission, modification or reproduction of the photographs, films, videotapes, and recordings.</p> <p>I have read and understood this consent and release.</p>	
<b>Signature</b>	
<b>Print Name</b>	
<b>Signature of Parent/ Legal Guardian</b> (if applicable)	
<b>Print Name of Parent/ Legal Guardian</b>	
<b>Address</b>	
<b>Address 2</b>	
<b>Address 3</b>	
<b>City</b>	
<b>State</b>	
<b>Zip/Postal Code</b>	
<b>Country</b>	
<b>Telephone</b>	
<b>E-mail</b>	

**PRIVACY & SECURITY CONTRACT LANGUAGE**

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