



## Patient Diagnosis Release

We need your help in gathering statistics.

Your signature is needed on this release form, in order for the Rotary Fire Fighters Home to use your diagnosis as part of our statistical data gathering.

This release allows us to include your name, photo, rank, work location and diagnosis in the statistics and in some of our publicity. NOTE: Should the patient be under the age of 18, the patient's name, age and address will be kept private.

All efforts are made to assure privacy.

Also please note that you are not required to sign this release form in order to a guest of RFFH. The decision is completely up to you.

### **RELEASE**

I, the undersigned, hereby enter into this Agreement with the Rotary Fire Fighters Home (RFFH). I have been informed and understand that RFFH may use my name, likeness, image, rank, employer name and diagnosis, for use in RFFH statistical data and for use in certain RFFH marketing material.

I hereby grant RFFH the irrevocable right to use my name, likeness, image, rank, employer name and diagnosis.

I confirm that I have the right to enter into this Agreement and hereby give all clearances, copyright and otherwise, for use of my name, likeness, image, rank, employer name and diagnosis.

I expressly release and indemnify RFFH and its successors, assigns and/or licensees from any and all claims including, without limitation, any and all claims for invasion of privacy, infringement of my right of publicity, defamation (including libel and slander) and any other personal and/or other property rights, arising out of or in any way connected with the above granted uses and representations.

I agree that I shall not now or in the future assert or maintain any such claim against RFFH, its successors, assigns and/or licensees.

**AGREED TO AND ACCEPTED:**

**OR**

**RESPECTIFULLY DECLINED:**

Name: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_