



# Iowa Specialty *Hospitals & Clinics*

As a student, I grant Iowa Specialty Hospitals & Clinics and its employees permission to use any photos, filmed images, and/or personal testimonials of me throughout the course any volunteer duties with Iowa Specialty Hospitals & Clinics. Such mentioned items may be used for publicity, educational purposes, website, and/or social media (including, but not limited to, Facebook, Twitter and YouTube). I understand that I will not be paid or receive any reimbursement for the use of my photos, filmed images, and/or testimonials.

I further give Iowa Specialty Hospitals & Clinics and its employees permission to use my name and/or information that was given in accordance with my photos, filmed images, and/or testimonials.

In addition, I understand that by signing this form, I am not giving Iowa Specialty Hospitals & Clinics permission to use any of the above mentioned items of me, should I become a patient. If, as a patient, I wish to provide any of the above mentioned items, I will be required to sign an Iowa Specialty Hospitals & Clinics patient consent form.

Opt In: \_\_\_\_\_ Opt Out: \_\_\_\_\_

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

Printed Name of Student: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

(Parent's signature is required if student is under 18 years old.)