

**Rotating Art Exhibit  
ACKNOWLEDGEMENT AND RELEASE FORM**

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Artist Name (please print)

**Consent:** I give permission to have my artwork displayed and photographed and/or videotaped by Ochsner Clinic Foundation and all its affiliates (together “Ochsner”) for use by Ochsner in all public relations activities, including use by or for news media, and further authorize the use of my name with said photos, film, print or tape in all advertising activities, including television commercials, print ads, brochures, web sites, and outside billboards.

**Release.** In consideration of being allowed to display my art work, I hereby release Ochsner Health System, Ochsner Clinic Foundation, Ochsner Foundation Hospital, as well as their subsidiaries, affiliates, representatives, agents, physicians, employees, servants, officers, directors, insureds, insurers, successors, and assigns (collectively “Ochsner”) from any and all liability for any injury or damage which may occur as a result of my participation in the Program including all risk connected therewith, whether foreseen or unforeseen; and further, agree to save and hold harmless Ochsner, its affiliates, subsidiaries, officers, employees, directors and agents from any claim by myself individually or on behalf myself, family, estate, heirs or assigns arising out of my participation in the Program. This also includes releasing Ochsner, its affiliates, subsidiaries, officers, employees, directors and agents from any and all liabilities and claims resulting from loss, theft, or damage arising out of display of said art work at Ochsner Medical Center.

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Artist Signature

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Date