WestView
HEALTH FOUNDATION

Appreciation Event

Oct 2,2025

Nomination Form for Healthcare Heroes

NOMINATOR

Full Name

Phone

Email

NOMINEE

Full Name

Phone

Email

Department(s) and Position Title

Describe the nominee's outstanding service and dedication

How has the nominee positively impacted patients, colleagues, or the community?

PLEASE EMAIL YOUR COMPLETED FORMS TO TAMMY BRENT AT

TAMMY.BRENT@whcfoundation.com Please complete the attached release form.

Consent to Collect, Use and Disclose Stories, Photos, Video and Sound Recordings

I hereby authorize Westview Health Foundation (WHF) and/or their authorized representatives to record me and/or take my photo and use them in communications about WHF programs and services.

I understand that types of recordings may include but not be limited to still/digital photographs, sound recordings, video recordings (with or without sound), interviews/writing/stories/narratives.

I understand these recordings may be used for training/education programs, publications, promotional materials, media releases, marketing and advertising materials and any other publicly accessible printed/digital material/media.

I understand there are many ways of sharing communication, including printed and electronic methods. I understand that the recording or photo may be shared with a range of people and groups both internal and external to WHF.

I understand why these recordings and/or photos are being taken and how they may be used. I know that there are risks and benefits to giving this consent. I know that I can stop this consent at any time by informing WHF in writing to Tammy.Brent@whcfoundation.com

I understand that WHF cannot control information once it has been shared outside of WHF. I understand that if I ask WHF to stop using my recordings and/or photos it will only stop subsequent use of those recordings and/or photos after the date my request is received by WHF.

I agree to release and discharge WHF, the Board of Directors and staff, and those that WHF is responsible for at law from the responsibility and liability of the content and claims for any printed or electronic communication where my recording or information was used.

I confirm that this release and discharge shall be binding upon my heirs, executors, administrators and assigns.

I authorize WHF to use my name, address and telephone number to contact me about this consent.

Date

Name of Individual Giving Consent

Address

Phone #

Email Address