CONSENT TO PHOTOGRAPH, FILM, VIDEOTAPE AND/OR INTERVIEW FOR PUBLIC USE, INCLUDING SOCIAL MEDIA

The undersigned does hereby authorize Med Center Health (MCH), its subsidiaries, agents, and/or other persons to photograph, film, video tape and/or interview _____________________________ (print name) of ___________________________ (print department) and agree that MCH may use or permit other persons to use the negatives, prints, images, name, story and information prepared therefrom for such purposes and in such manner as may be deemed necessary to transmit a story for public information and/or commercial presentation, including use on MCH/Subsidiaries’ websites and social media platforms, including but not limited to Facebook, Twitter, Instagram, and Four Square.

The undersigned has the right to request cessation of recording or filming. The undersigned may revoke this consent provided that the revocation is in writing signed by the undersigned and received by MCH within a reasonable period of time prior to the use of the recording or film.

The undersigned expressly understands and agrees that no liability of any nature shall be attached to Med Center Health, Commonwealth Health Corporation, The Medical Center, and their respective employees in acting upon this authorization and request. A photocopy of this consent form shall be considered as valid as the original.

By signing this form, you acknowledge that you have read, understand and agree to be bound by the terms set forth in this form.

______________________________ ______________________________
Witness’ signature Signature

____________
Date Phone Number

____________
Date Time

Because the above is an emancipated minor, ______ years of age, or is unable to sign for the reasons set out below, the above consent is given on their behalf by:

______________________________ ______________________________
Witness’ signature Closest relative or legal guardian

____________
Date Time

Reason(s) person unable to sign: __________________________________________

Purpose (Marketing Dept Only): __________________________________________