



**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.

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 24 hours of the recording or filming.

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's signature

Signature

Date

Phone Number

Date

Time

Because the above is a minor, _____ years of age, the above consent is given on their behalf by:

Witness's signature

Legal guardian

Date

Date

Time

Purpose (Marketing Dept Only): _____