

Marketing/Promotional Material Release Consent Form

Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

I hereby give my consent (by checking the boxes below):

to be photographed, videotaped, voice recorded, and/or interviewed for use by Regional Medical Center (RMC) for any and all marketing purposes including, but not limited to, printed/promotional materials, Electronic marketing (e.g. social media, website), newspaper, and radio.

that my true name be associated commercially with said material.

(for testimonials only) for Regional Medical Center staff, specifically _____
_____ may share general information regarding my endorsement.

In giving my consent, I waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive and release all current and future claims I may have against Regional Medical Center, arising from the use of an image or recording including, but not limited to claims of defamation, invasion of privacy, rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration or optical illusion that may appear in the finished product. Notwithstanding the foregoing, I reserve the right to revoke my consent in writing, which will be effective only upon receipt by the Marketing and Administrative Manager at RMC.

I hereby give my consent:

for myself as an individual over 18 years-of-age

Signature

Date

as a legal guardian, on behalf of minor under 18 years-of-age

Legal Guardian Signature

Date

Print Name

Relationship to patient

Internal Use Only:

Scanned