

Media Release Consent Form



Consent to: _____ Audio Recordings
(Please check as many as applies) _____ Motion Pictures
_____ Photographs
_____ Electronic Images
_____ Live Broadcast
_____ Interview/Print
_____ Social Media Platforms

Person's Legal Name: _____ Date: _____

Summary: This form says that you, the patient or person, give your permission to be interviewed, photographed, filmed or taped for medical education and/or promoting the activities of Think Whole Person Healthcare, and you give the permission for free.

In the interest of promoting Think Whole Person Healthcare (Think) and/or informing the public concerning activities at Think or for medical, educational, or public notice purposes, I consent to audio recordings, the taking of motion pictures, videotape recording, or photographs, on or about _____. I authorize this under the following conditions:

- (1) Such recordings, motion pictures, live broadcast, electronic images, text interviews or photographs may be taken only with my consent.
- (2) Only an individual approved by the Marketing or Administrative department shall approve or produce the photographs, motion pictures or recordings.
- (3) The photographs, electronic images, motion pictures, interview/text or recordings are property of Think and shall be used for publicity, education or training; such photographs and information is to be used to promote activities at Think in the news media provided I grant this consent as a voluntary contribution in the interest of medical education and knowledge, or to promote Think.
- (4) I waive all rights I may have to any claims of payment or royalties in connection with any exhibition, television or other showing of these films, electronic images, tapes or photographs, regardless of whether such exhibition, television or other showing is under philanthropic, commercial, institutional, or private sponsorship, and irrespective of whether a fee of admission or film rental is charged.
- (5) I understand that photographs, electronic images, films or tapes may be edited, modified, or retouched for artistic purposes to without identity or for other graphic production reasons which may or may not be within the Think's control.
- (6) I _____ consent to be identified in the article, book, film, photography, videotape, or audio recordings.

Think Whole Person Witness

(Person, patient, parent, legal guardian, health care agent, or other person authorized to consent for patient)