

PHOTOGRAPHY CONSENT FORM/MODEL RELEASE/TESTIMONIAL/MEDIA RELEASE

	, hereby grant permission to Wickenburg
Community Hospital, its employees or representativ	es, to take and use:
☐ Photographs/digital images	
□ Videotape	
☐ Audio recording	
☐ Quoted remarks	
website, and Facebook. I further authorize the use of	ited to educational materials, promotional materials, radio, f these materials indefinitely without compensation to me. s, video, and audio recordings shall be the property of
$\hfill \square$ I further agree that my name and identity may be rwith the image(s) and content.	revealed in descriptive text or commentary in connection
☐ Please DO NOT publish my name and identity in image(s) and/or content. I agree that my name and ic verification of testimony if questioned by an indiv	
$\hfill \square$ I agree that the media may contact me to speak wi Community Hospital activities.	th me regarding my involvement in Wickenburg
I understand I am not a spokesman for Wickenburg of I have the right to a copy of this release; I have the right to a copy of photo, article, video, and I have the right to rescind or limit the use of my name	dio using my name, image, quote, etc.; and
Community Awareness Wickenburg Community Hospital 520 Rose Lane, Wickenburg, AZ 85390	
(Signature of adult subject)	(Date)
(Phone)	
(Address, City, State, Zip)	

Revised January 2020