



Interview and Photo/Video Release

PLEASE PRINT

Name of subject: _____

If a minor, name of person giving consent: _____

Person being interviewed, photographed or filmed is a:

- Patient
- Physician
- Family member of patient
- Visitor
- Employee
- Other (specify) _____

Location of interview, photo or filming:

- Diagnostic & Medical Clinic
- Infirmarium West
- Mobile Infirmarium
- North Baldwin Infirmarium
- Occupational Clinics
- Thomas Hospital
- Other (specify) _____

This release covers: Interview Photography Video/Filming

I do hereby grant to Infirmarium Health my permission for an interview, photography, videography or filming. In such instances as the interview, photography, videography or filming may be used exclusively by Infirmarium Health, I grant Infirmarium Health and those operating under its direction full and exclusive permission to use and publish photographs, video footage or other reproductions in any and all poses, either in conjunction with or without using my name and to make changes or alterations in such visuals and associated copy as Infirmarium Health deems proper.

I do further certify that I am of full age and possessed of full legal capacity to execute the foregoing authorization and release or to do so on behalf of the person named above.

Signature

Witness

Date

Date

E-mail address

Phone number

Photographer's Note: _____

Send completed form to:
Marketing Communications, 1 Mobile Infirmarium Circle, Suite 300