



Media Consent Form

I hereby consent to participate in the taking of photographs, videos or recorded interviews, and the use of quotes for the purposes of Ravenswood Family Health Center media and publicity projects.

Furthermore, I consent to the use of health information about me or, in the case of parent or guardian, my child's condition provided I can approve the language to be used before publication.

I grant Ravenswood Family Health Center the right to edit, use, and reuse the above-mentioned products for Ravenswood's corporate and health care purposes including use in print, on the RFHC website, and all other forms of media. I also hereby release Ravenswood Family Health Center and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

I understand that this consent will expire within two years of the signing this form. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do it won't have any affect on any actions Ravenswood Family Health Center took before they received the revocation.

Initials: _____

Ravenswood Family Health Center, in turn, agrees that it will not transfer permission for usage of any of the above mentioned publicity including images to any individual, institution, business, or organization. However, the health center has no control over re-disclosures once the information has been picked up by the press, and that the information may be in the public domain indefinitely once released.

I understand that my health care and the payment for my health care will not be affected if I do not sign this form.

Initials: _____

I have read and understood this agreement and I am over the age of 18.

Name (print clearly): _____ Date: _____

Signature: _____

Address: _____ City _____ Zip Code _____

Parent. Guardian Consent (include if the person in image is under 18)

If a minor (under the age of 18) is involved in the publicity, then the parent or legal guardian must sign the release on the child's behalf.

I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this media release.

Name(s) of Child/children: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

RFHC Staff Signature: _____ Date: _____