



MEDICAL ART CENTER | 950 Route 35 South Middletown, NJ 07748 | 732-888-0017

Photographic Consent Form

Patient Name: _____ Date: ____/____/____

I, _____, hereby grant and authorize Medical Art Center the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for **legally promotional materials including, but not limited to, newsletters, fliers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications**, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

_____ I have also verbally consented to the Medical Art Center Staff (staff member initials_____)

I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images and/or my interview.

I agree that the photographs and relating information may be published or used for purposes which Medical Art Center deems proper; however, I shall not be identified by name in any such publication or use. I understand that in some cases my facial features may be visible.

I understand and agree that these materials shall become the property of Medical Art Center and will not be returned.

I hereby hold harmless, and release Medical Art Center from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate. I hereby release Medical Art Center, their personnel, and any other persons dealing with my photographs from any and all liability which may arise from the taking or use of such photographs.

I warrant that I am of the age of consent (18 years or older) and that I am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Patient Signature _____ Date _____

I DO NOT CONSENT

Witness's Signature _____ Date _____