



Release for interview/photographs/videotapes/recordings

The following applies to my:

- Story
- Photo
- Performance
- Name (I understand that if I do not check this box, Essential Health Clinic will not use my name)
- Voice/Audio recording

I agree that my story/photo/performance/name/voice may be used by Essential Health Clinic for commercial, educational and/or promotional purposes.

I grant Essential Health Clinic the unabridged right to use and display my story/photo/performance/ name/voice.

I release Essential Health Clinic and its staff from any liability resulting from the use of my story/photo/performance/ name/voice.

The material may be retained for an indefinite period (unless otherwise specified) in Essential Health Clinic's photo libraries for potential future use in programs or projects where it may be applicable.

If it is relevant to the story, I agree that my physician/provider may discuss my treatment or care in an interview.

I certify that I am over the age of eighteen, or that I am the parent or legal guardian of the named minor.

Date: _____

Story/Photos/Video/Recording may be reserved on file by Essential Health Clinic and possibly used again.

Story/Photos/Video/Recording is to be used only for this specific purpose: _____

Printed Name: _____

Signature: _____

Address: _____

City/State/Zip: _____