



**Participant Consent Form for Filming,
Advertising and Other Marketing Related Uses**

I give my consent to use my photo in videotapes, film, photographs and recordings of me for broadcast, Internet, print publications, brochures, press releases, billboard, direct mail and other uses by Fort HealthCare.

In giving this consent, I release Fort HealthCare, their agents and assigns from any liability for any violation of any personal or property rights which I might have in connection with such materials, and waive any right to approve accompanying written or narrative material.

I represent that I am of full legal age, or if under the age of 18, I have my parent/guardian approval.

Date:

Name of Person

Date

Signature
(Parent/Guardian Sig. Required if under the age of 18)

Date

(_____) _____
Participant Contact/Phone Number