



**CONSENT FORM FOR EXTERNAL COMMERCIAL 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, 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 assign from any liability for any violation of any personal rights which I might have in connection with such materials, and waive any rights 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.

I have the right to request cessation of filming at any time. I have the right to rescind consent for use up until a reasonable time before the recording or film is used.

PARTICIPANT NAME: _____

PARTICIPANT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____