

Wellmont Health System

Photography/Interview Consent Release Form

Wellmont Health System Photography/Interview Consent Release

I hereby give my consent to use, at any time or times hereafter for advertising and/or all other promotions and communications activities, any photographs, interviews, videotapes, audio recordings and/or films in which I have performed, posed or participated. I understand these before-mentioned items and comments may be used by Wellmont Health System and/or news organizations (media). I release Wellmont Health System from all responsibilities that may ensue therefrom. I waive any claim for compensation in connection with the before-mentioned activities.

I affirm this consent was granted prior to the commencement of any interview, photography, recording or filming. I understand I have the right to request the interview, photography, recording or filming be stopped at any time. I also understand I may rescind my consent for a period of up to 48 hours after the interview, photography, recording or filming takes place, or until the interview, photography, recording or filming is used, whichever occurs first.

Signature

E-mail Address

Please Print Name

Signature of parent/guardian
if individual is under 18 years of age

Address

City, State, Zip

Witness

Phone Number

Date

To be completed by Wellmont staff. Please call 423-230-8235 if you need assistance.

Circumstances of Use (check all that may apply now and in the future):

- Internal and/or external advertising, communications and marketing, to include all print, broadcast, outdoor and electronic promotions
- News media
- Other (please specify) _____