

IMAGE CONSENT FORM

Name: _____ Date: _____
(Print name)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I hereby consent and permit: _____
(Signature)

The above signed individual gives his/her consent:

1. To use the above person's name in connection with any publication (including but not limited to newspapers, television and/or radio broadcasts, audios, recordings, drawings and sketches, books, brochures, magazines, videotapes, motion pictures, or other publicly distributed materials/media) in such manner and at such times and in such places as Empowerment Resource Center or the administration of the clinic shall determine, without restrictions, at its sole discretion.
2. To take and use photographs, video recordings, slides and any quotation and comment made verbally or recorded or made by the above person for publication or advertising purposes (including but not limited to newspapers, television and/or radio broadcasts, audios, recordings, drawings and sketches, books, brochures, magazines, videotapes, motion pictures, or other publicly distributed materials) in such places as Empowerment Resource Center or the administration of the clinic shall determine, without restrictions, at its sole discretion.
3. To take and reproduce photographs, video recordings and/or slides of the person named herein in connection with the counseling, screening, diagnosis, care, and treatment, or by Empowerment Resource Center or any physician associated with Empowerment Resource Center, for scientific, research, and/or educational purposes.

The above items constitute an irrevocable consent to release the specified media. I understand and agree that all such materials are the property of Empowerment Resource Center.

I have read the foregoing consent, and I am fully aware and understand the contents.

Signature Date: _____