



Media Consent Form

Consent to Photograph, Video, and/or Interview

I, _____, hereby give permission to Clinton Regional Hospital and its representatives to take photographs, video recordings, and/or conduct interviews of me. I understand that these materials may be used for promotional, educational, or informational purposes in the following media:

- Print publications
- Television and radio broadcast
- Online and social media platforms
- Websites and internal communications

I understand that these images, videos, or interviews may be used with or without my name and may be edited for clarity or brevity. I waive any rights to compensation or ownership of these materials and release Clinton Regional Hospital from any liability related to the use of such materials.

I understand that:

- The material may be used now and in the future.
- I may revoke my consent at any time in writing, and it will not apply to materials already published.
- This consent is voluntary and does not impact access to services.

Signature: _____

Printed Name: _____

Date: _____

If under 18, parent/guardian consent is required:

Parent/Guardian Name: _____

Signature: _____

Date: _____