



REGIONAL HEALTH SYSTEM

Media Consent & Release Form

I hereby grant full permission to Madison Regional Health System to use my (check all that apply):

- ☐ Name
- ☐ Photographs
- ☐ Quotes (written or typed quotes may be edited for grammar and/or spelling)
- ☐ Audio/Video Recordings
- ☐ Medical Conditions
- ☐ Other information: _____

To be used (please check):

- ☐ in ANY publication or advertising materials, either print or electronic
- Or only: ☐ Social Media ☐ Website ☐ Audio/Video ☐ Print Materials

The purpose of the advertising is to promote Madison Regional Health System and its affiliates for community education purposes. This content will not be used in any other manner unless my written permission is obtained. I hereby waive any right to inspect or approve the finished print or electronic media that may be used now or in the future, whether that use is known to me or unknown. I hereby waive any right to royalties or other compensation arising from or related to the use of the information indicated above. I understand that I must submit a written request to Madison Regional Health System to revoke this consent.

- ☐ **I am the parent or legal guardian of the below named child.** I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Minor Child Name (Please Print): _____

New Arrival Information Date of Birth: _____ Time of Birth: _____ Gender _____

Length _____ Weight _____ Parent(s): _____

My signature below constitutes my acknowledgement that I have read and agree to all of the above and I hereby give my authorization and consent.

Name (Please Print): _____

Signature: _____ Date: _____

Madison Regional Health System Representative

Name (Please Print): _____

Signature & Title: _____ Date: _____