

# **ALPHA CARE MEDICAL GROUP**

## **MEDIA RELEASE FORM**

I, \_\_\_\_\_ (print name), do hereby consent and agree that Alpha Care Medical Group, its employees, or agent(s) have the right to take photographs, videotape, or digital recordings of me beginning in a medical office setting April 1, 2016 to July 1, 2016.

The use of any and all media, now or hereafter known, exclusively for the purpose of updating marketing materials Alpha Care Medical Group.

I do hereby release to the Alpha Care Medical Group, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I have to control the use of my likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Alpha Care Medical Group is not responsible for any expense or liability incurred as a result of my participation in these recordings or photos, including but not limited to medical expenses due to any sickness or injury incurred as a result.

I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Participant Name: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_