

Media Release Form

Permission for photographing, filming, and/or interviewing for use by State of Utah, Department of Natural Resources, Division of Parks and Recreation

Name: _____

Address: _____

Phone: _____

I (name) authorize State of Utah, Department of Natural Resources, Division of Parks and Recreation and/or news agencies to use photography, slides, films, videotapes, recordings, or other means of recordings and/or communication referring to me for the following purposes: (check all that may apply)

- News stories for television, radio, newspaper, magazine or other media
- Advertising material for the hospital to be placed on television, radio, newspaper, magazines, brochures, direct mail pieces or other media.
- Movies or other commercial purpose
- Educational material for both staff and the general public
- Other _____

I consent to the use of my name, likeness, voice, and general health information for such purposes, and I release State of Utah, Department of Natural Resources, Division of Parks and Recreation officers, agents and employees from all claims of liability with respect to the showing, use or dissemination of such material.

I understand that I may refuse to sign this authorization and that it is strictly voluntary.

Signature

Date

When subject is a minor or unable to sign, person authorized to consent:

Signature

Date

Witness Signature

Relationship