

ST. JOHN MEDICAL CENTER

A CATHOLIC HOSPITAL



Photo Release/Media Release _____ *(please initial if applicable)*

I agree to allow St. John Medical Center to use my photograph, written document or interview statements for publication, promotion, or educational purpose. I understand that the medical center will use said materials solely as a tool to promote its services toward its employees and the general public.

Patient Information Release _____ *(please initial if applicable)*

I hereby authorize the release of information concerning my illness or injury and the medical center treatment for news publication while a patient at St. John Medical Center and hereby agree to hold the medical center, its physicians and its staff free and harmless from any and all liabilities or ill effects which might arise from the publication of such information.

Media Waiver of Liability _____ *(please initial if applicable)*

On the request of the following names news organization, _____, for an interview and/or photographs, still or motion pictures, for the purpose of publication in newspapers, magazines or other printed media, or broadcast by means of radio or television transmission, I recognize that St. John Medical Center is acting only as intermediary, making it possible for the news agency named above to contact me.

As such, I relieve and hereby agree to hold St. John Medical Center harmless from any and all liability arising out of the interviewing and photographing and subsequent publication or broadcasting. I understand that the interviewing and photographing are being carried out with my consent to the news agency above, and so assume full responsibility.

I have read the above and agree to the sections of the release I have indicated with the signing of my initials.

Printed Name: _____

Date: _____

Signature: _____

Parent or Guardian: _____

Witness: _____