

****Please note: If a person is under 18 years of age, parent or legal guardian must sign/check acknowledgement of this form.**

I hereby give Mary Free Bed Rehabilitation Hospital consent to use my (or my child's) name and likeness and/or voice, city and state, in the form of photographs, videotape, interviews, slides, movies, or recordings and the use statements made by me or attributed to me (or my child), to be used in the following ways:

- Company internet accessible via the World Wide Web to anyone;
- Printed employee newsletters;
- Printed client/customer newsletters;
- Printed annual reports;
- Marketing and Public Relations advertisements, publications, or presentations;
- Community education materials;
- Patient Education materials;
- Social Media or Social Networking sites; AND
- Other Public Relation initiatives.

I understand that no special compensation will be provided to me for use of my image and that I may not be informed of the specific use of my image.

I understand this consent remains valid for fifty (50) years.

It is my understanding that my signature below releases Mary Free Bed Rehabilitation Hospital from any financial or legal responsibility for the use of the media relations/advertising/promotional material named above.