



**MEADOWLARK
HOSPICE**

**Meadowlark Hospice
RELEASE FOR MEDIA PURPOSES**

I hereby release and authorize Meadowlark Hospice to use my name, photograph, voice, video image, or other likeness for publicity, marketing, and/or any news related programs, for the purpose of advertising/marketing.

I understand that my name, photograph, voice, video image, or other likeness may be copied and distributed by means of various media, including but not limited to video presentations, newspapers, television, radio, news bulletins, mail outs, billboards or signs, brochures, and/or internet or intranet websites, without any further authorization or notice to me.

I understand that Meadowlark Hospice and its employees, agents and personnel acting on its behalf, cannot warrant or guarantee that upon use of my name, voice, photograph, video image or likeness any further dissemination of my name, photograph, voice, video image or likeness will be subject to MEADOWLARK HOSPICE supervision or control. Accordingly, I agree that MEADOWLARK HOSPICE shall not be held responsible for the final use of the image by any outside media or user or by other third parties, and I hereby release and hold harmless MEADOWLARK HOSPICE, its employees, agents and personnel acting on its behalf from any and all liability for damages of whatever kind of nature which may at anytime result from this release and authorization or from the dissemination of my name, photograph, video image or likeness.

I understand that I shall receive no compensation for this release and authorization and waive any and all rights, compensation, royalties, or other payment in connection with the use of my name, voice, videotapes, photographs and images.

Subject's Signature

Date

Address Subject's

Printed Name

City, State and Zip Code

Phone Number

Witness Signature

Date

IF THE SUBJECT IS NOT 18 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING:

Relationship to the Subject (Parent or Legal Guardian): _____

Parent or Legal Guardian's Name and Signature

Date

Witness Name and Signature

Date

I understand that I can revoke this authorization in writing but that any revocation is not effective for disclosures that have already been made. To revoke this authorization, I should contact:

**Privacy Officer
Meadowlark Hospice
709 Liberty
Clay Center, Kansas 67432**