

Video/Photo Release Form

I hereby grant permission to McMillen Health to use recorded video footage or my photograph in its programs or on its printed material and website without further consideration. I acknowledge their right to crop or treat the video or photograph at their discretion. I also acknowledge that these media pieces may be used in future McMillen Health materials such as but not limited to website, newsletters, brochures, and annual reports, without remuneration to me.

I also understand that once my image is posted on the McMillen Health website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the following:

McMillen Health and its employees located in Fort Wayne, Indiana.

McMillen Health reserves the right to discontinue use of photos without notice.

Date: _____

Address: _____

Phone: _____

Signature: _____

Printed Name: _____