4. Media may film DVH facilities from public streets or sidewalks without permission.

Control: Director Community Relations

Consent to Interview/Photograph/Use Written Material

I give consent that UHS and its affiliate members, their employees and members of their staff may

Interview **Take Photographs of** **Use Material Written By**

Myself **My Child**_____
Name of Child

in whole or in part and use the photos, written material and/or interview as they, in their sole discretion, consider to be of benefit to the hospital, medical profession or public-at-large.

I waive any right to inspect and/or approve the finished product that may be used hereunder or the specific use to which it may be applied.

I further release and discharge UHS, its affiliate members, its officers, directors, agents and employees from any claims, damages or liability of any kind or nature relating hereto.

_____ _____
Date Signature

_____ _____
Relationship to Patient Address

_____

For Community Relations Use Only:

_____
Witness