

Consent for Photographs/Video for Public Presentation

I, _____, hereby authorize MBTelehealth to include photographs and/or video of myself, or my child _____, on their website and/or on any public presentations about MBTelehealth

I understand that I will will not be identified by name and that the photograph/video is only to be used by MBTelehealth for the purposes of education or illustration. It will not be used for commercial purposes, sold or re-assigned to a third party without my express written permission.

I understand that the sole right to copyright and reproduction of such is with MBTelehealth.

I hereby waive all claims that I might have against MBTelehealth, its employees and agents in any manner whatsoever relating to the said photographs and/or video recordings.

Signed:

_____ Date

_____ Name (print)

_____ Signature

_____ Relationship (if signing on behalf of child)

Witness:

_____ Date

_____ Name (print)

_____ Signature

NOTE: Original form to be forwarded to the Manager, Virtual Care