

**Media Release Form
(For Non-Patients)**

**** Denotes required information***

I, (*insert PRINTED name) _____, hereby grant permission to Southcoast Health System, Inc. and its affiliates (collectively, “Southcoast”) to photograph, interview or otherwise record me on (*insert date) _____ for publicity, promotional and/or other advertising or marketing purpose(s) (collectively, the “Purpose”), all in accordance with the terms of this release (the “Release”).

I hereby grant Southcoast the right, but not the obligation, to publish, display, reproduce, perform, distribute, transmit and otherwise use images, videos, recordings or other materials depicting my image, likeness, life story or name and taken, recorded or created during, used for or displayed in connection with the Purpose (collectively, “My Likeness”). I hereby grant Southcoast the right, but not the obligation, to publish, display, reproduce, perform, distribute, transfer and otherwise use any works of authorship, art, multimedia or other item created by me and generated, used, displayed or donated in relation to the Purpose (collectively, the “Works”). I agree that (a) My Likeness and the Works may be publicly shown and, in Southcoast’s discretion, the Works may be offered for sale and/or promotion of Southcoast services; (b) the rights granted to Southcoast herein are for use in any medium, whether such medium is now known or hereafter becomes known, including but not limited to print and electronic media, including websites and for all purposes of illustration, promotion, advertising and trade; and (c) Southcoast may use My Likeness in connection with the Works and the exercise of its rights under this Release if it so chooses.

I hereby waive, or where I am a minor or lack capacity to enter into this Release, my parent, guardian or legal representative hereby waives, all of my rights in and to a royalty or compensation related to Southcoast’s use of My Likeness and the Works in accordance with this Release. I, or if applicable, my parent, guardian or legal representative, hereby release Southcoast from, and shall neither sue nor bring any proceeding against Southcoast for, any claim or cause of action, whether now known or unknown, for infringement, defamation, invasion of right to privacy, publicity or personality or any similar claim, or based upon or relating to the authorized use and exploitation of the Works.

This Release shall remain in effect until it is rescinded by me. I reserve the right to cancel this Release by providing written notice to Southcoast. This Release shall only relate to Works created that use or incorporate information I disclosed to Southcoast in connection with the Purpose. This Release shall not reflect or extend to any subsequent events or information disclosures to Southcoast, or purposes unrelated to the Purpose. By signing this Release, I acknowledge that I have, or where the patient is a minor or lacks capacity, the patient’s parent, guardian or legal representative acknowledges that he/she has, read and agree(s) to the terms of this Release.

I hereby agree that I have read the foregoing and fully understand and agree with its contents, or if I am a minor or lack capacity to enter into this Release, my parent, guardian

or legal representative acknowledges that he/she has read and agrees to the terms of this Release on my behalf:

***Signature**

***Date**

If above-named individual is a minor or lacks capacity to enter into this Release:

*Printed Name and Signature of Legal Representative

Date

*Relationship to Individual: _____

**If other than Parent, Documentation of Legal Authority to Consent on Behalf of Patient May be Required*

Signature of Interpreter (if necessary)

Date

Please scan and email a copy of this Release to:

Or if not noted, to [Marketing](#) and Communications Team at marcomms@southcoast.org

This form can be sent via interoffice mail to Marketing and Public Relations

This form can also be mailed to:

Southcoast Health Marketing and Public Relations

157 Page Street

New Bedford, MA 02740

***OFFICE USE ONLY:**

*Name of Subject: _____

Subj. contact information: _____

*Date of content acquisition: _____

*Purpose/ Occasion of content acquisition: _____

*Type of Content Procured: _____

*Requested by/ for: (dept, person, project): _____