**Wu Healing Center Public Relations and Marketing Consent for Photography, Interviews, Video or Audio Materials**

In the interest of promoting education about health services and Wu Healing Center public relations activities, I give Wu Healing Center permission to take pictures/audios/videos of me while involved in Wu Healing Center activities/events/interviews.

I understand that the content may be distributed to the public in various forms which may include, but are not limited to: newspaper articles, social media, television interviews, Wu Healing Center publications, websites, brochures, and/or advertisements. I also understand that my name may be used. This consent is valid indefinitely.

I understand that this material will not be considered part of my medical record. I also understand that I will not be compensated for my participation. I release Wu Healing Center and its employees, agents from all claims, demands and liabilities in connection with the above.

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Signature (of parent or legal guardian if a minor)

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Printed Name

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Date