

**APPEARANCE CONSENT AND RELEASE**

I hereby give my consent to have photographs, videotaped images, and pictures made of myself and/or my minor child and consent to interviews with a representative of Meridian Health (“Meridian”) and give my consent to Meridian and its’ successors and assigns to record and use my or my minor child’s name, voice, picture, likeness and statements ( “My Appearance”) as part of a project being produced for Meridian, as well as other videos produced with the footage, including but not limited to uses for promotion, advertising and publicity purposes and I agree that My Appearance may be published displayed, transmitted, and broadcast, by any mechanical or electronic means, existing and all future electronic inventions, in all media, including social and new media (such as Facebook, YouTube and Twitter) throughout the world in perpetuity. I understand that Meridian alone has the right to copyright the program and that I will receive no compensation for My Appearance.

I hereby release Bayshore Community Hospital (BCH), Jersey Shore University Medical Center (“JSUMC”), Ocean Medical Center (“OMC”), Riverview Medical Center (“RMC”), Southern Ocean Medical Center (SOMC), Meridian Hospitals Corporation (“MHC”), Meridian Health System (“MHS”), the affiliates of Meridian (“Affiliates”) and their employees, agents and physicians from all liability, charges and claims of whatever nature (including costs of suit) in connection with My Appearance which includes the use of my or my minor child’s name, voice, picture, likeness and statements.

**I waive any right of inspection or approval of my or my child’s appearance or the uses to which such appearance may be put and the right to assert any claims related to My Appearance. I waive the right to assert any claims against BCH, JSUMC, OMC, RMC, SOMC, MHC, MHS, the Affiliates, any medical providers (including but not limited to my treating physicians, hospital, and its employees) and their employees, agents and affiliates arising from the use of My Appearance. I acknowledge that Meridian Health is relying on this consent at substantial cost and I hereby warrant that I am of full age and have all rights to consent to the above.**

**AGREED BY:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**As the parent or guardian of the minor named below, I hereby approve and consent to the foregoing and waive all obligations and rights, which I may have in connection therewith.**

Minors Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Minor if different than above: \_\_\_\_\_