



Community Reach Center Media Individual Release Form

I understand that by agreeing to an interview, photograph, or video recording with Community Reach Center, Broomfield Pediatrics, or Mountainland Pediatrics, that I give Community Reach Center, together with its affiliates and subsidiaries, the right and permission to copyright and/or use, reuse and/or publish, and republish any story or article written from material in the interview. Likewise, I give similar permission for publication of any photographs, audio or videos of myself taken as part of this interview.

Examples include, but are not limited to: brochures, recorded testimonials, social media posts, website.

I hereby waive any right to inspect or approve the written copy, photography or video that may be used in conjunction there with or to the eventual use that it might be applied.

I hereby release, discharge and agree to hold Community Reach Center harmless and its representatives acting under its authority from any liability resulting from publication or distribution of the same.

Likewise, I hereby release and agree to hold Community Reach Center harmless from any liability resulting from the publication of these materials by a third party. PATH has no control over such publication and if published that the material is accurate.

I hereby warrant that I am over eighteen years of age and competent to contract in my own name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Name (Printed) Date Name (Signed)

Pronouns: She/her/hers: He/him/his: They/them/theirs: Fill in: _____

Description of appearance in photo/video:

(Ex: Blue jeans, white sneakers, red baseball cap, green shirt, sunglasses)

Please check this box if you are interested in future media opportunities:
(Ex: video interviews, news articles, news segments, social media, and promotional campaigns)

PARENTAL/ GUARDIAN CONSENT (if applicable):

I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her/their authorizations referred to in this General Media Release.

Name (Printed) Date Name (Signed)

Address: _____

Phone: _____

Email: _____