



Photo/Video Consent/Release Form

Please read the below information thoroughly. Once reviewed please sign, scan, and email your signed form to communications@nhmamd.org.

For questions or concerns please email communications@nhmamd.org.

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to The National Hispanic Medical Association, its affiliates and agents, to use my image and likeness and/or any interview statements from me in its publications, advertising or other media activities (including the Internet).

This consent includes, but is not limited to: (Initial where applicable)

_____ - (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;

_____ - (b) Permission to use my name; and

_____ - (c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity, and does not require prior approval by me.

Name:

Signature: _

Date:
