CentegraHealthSystem

Marketing and Communications

Public Information/Media Release Form

Purpose of story:_____Date:_____

Subject's Name:_____

I hereby consent to participate in photographs, videotaping and interviews for publication in newspapers, magazines or other printed material, or for broadcast on radio, television or other electronic means. I grant this authorization to Centegra Health System.

My name and/or image may be used in the publication(s) or media as indicated above, along with any information about my condition and the treatment being rendered to me, except as indicated herein:

_____

_____

I understand that the stories generated by local news media may be printed or broadcast by news media in other regions. I further understand that participation in interviews with hospital and/or media representatives is voluntary and that I may elect to discontinue such participation at any time provided I give ample lead-time for the changes to be made. *(This is especially true of repeat publications and exhibits where schedules and expenses control opportunities for changes.)*

Subject (or guardian) signature:_____

If signed by guardian, please print name and relationship to the subject.

Name (please print):_____Relationship:_____

Address:_____

City:_____State:_____Zip:_____

Phone number:_____

Email address:_____

Return completed form to Centegra Health System's Public Relations Manager at 385 Millennium Drive, Crystal Lake, IL 60012.