



## Marketing/Media Consent Form

I, \_\_\_\_\_, hereby assign and grant to

(name of subject- please print)

Bethesda Health Group, Inc., and its affiliates the right and permission to use and publish any photographs/ film/video tapes/electronic representations and/or sound recordings made of me and/or my loved one(s) per the uses identified below, recognizing that their utilization is for the sole purpose of promoting and supporting Bethesda and its businesses (except where checked below):

- Among the Bethesda community – usage in a printed newsletter or brochure, or electronic medium distributed to staff/residents/family members within the communities and services of Bethesda. \_\_\_\_\_ (check to decline)
- Among the Bethesda community and general public – usage in a publicly-distributed printed newsletter or brochure, an electronic medium, on the Bethesda website or through Social Media (Facebook, YouTube, Twitter). \_\_\_\_\_ (check to decline)
- Among the general public – distribution in a news-related capacity to targeted media, selected for their geographic location or their interest in senior-based editorial content. \_\_\_\_\_ (check to decline)

In addition, I hereby release Bethesda from any and all liability from such use and publication.

I understand that my loved one(s) or I have a right to revoke this authorization at any time. I understand that if my loved one(s) or I revoke this authorization, I/we must do so in writing and present the written revocation to Bethesda's Corporate Marketing and Compliance departments.

I also understand that the revocation will not apply to information that has already been released in response to this authorization.

In addition, by executing this Media Consent Form dated \_\_\_\_\_, my loved one(s) or I specifically waive the right to any current or future compensation to which they or I may otherwise be entitled.

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

(signature of subject or legal representative/guardian)

\_\_\_\_\_ (if personal representative, please list authority or relationship)

(Failure to sign or later revoke this authorization will not be a condition for treatment, payment, enrollment or eligibility of benefits. In addition, this information may be subject to disclosure and no longer protected by the Privacy Regulations. This authorization expires January 1, 2050.)