Cooper University Health Care
Marketing/Communications Department
1 Federal Street
Camden, NJ 08103
Phone: 856.382.6463
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Marketing/Communications Department
Photograph or Audio/Video Consent Form

Patient's/Person's Name:_____

Patient Rep. Name & Relationship to Patient (if applicable)_____

I authorize that the person named above may participate in an interview and/or audio/visual/electronic recording or photographs (collectively "Recording") taken of him/her by someone selected or authorized from the Cooper Health System. I authorize the release and distribution of information concerning the illness/injury and medical treatment of the person named above, including any Recording, to the news media, through electronic or traditional paper media, or on Cooper's Website for use by Cooper's Public Relations/Marketing Department.

The following restrictions apply:
_____

I grant this authorization and release because I favor the advancement of medical science, public education and/or the promotion of services at The Cooper Health System.

This photograph/video release shall remain effective for a period of twenty-five (25) years. This agreement fully represents all terms and considerations; not other inducements, statements or promises have been made to me. I understand that Cooper shall own any Recording or other marketing or public relations material. I am not entitled to any compensation or royalties or other remuneration resulting from such Recording, media, marketing or public relations material.

I further understand I will not have the option to review the final Recording, media, public relations material or news article before it is published or broadcast and that other news media may reprint or rebroadcast the information I am releasing following the initial publication or broadcast.

_____ _____
Signature of Consenting Patient/Person Signature of Patient Representative

_____ _____
Signature of Hospital Representative/Physician Date

For Public Relations Use Only:
Media Event/Interview:_____
Person or organization taking Photo/Audio/Video_____