



**Northern Light Health**<sup>SM</sup>

## Marketing and Advertising Release Form

I hereby grant Northern Light Health and its organizations and subsidiaries an unrestricted right to reproduce audio, photographs and/or video images taken of me and or my minor child, for the purpose of publication, promotion, illustration, advertising, marketing, or trade, in any manner or medium. I understand that I will not be entitled to any payment or other form of compensation for the use of audio, photographs and/or video images of me and/or my minor child.

I hereby release and discharge Northern Light Health, its organizations and their respective representatives, employees, agents and assigns from any and all claims, actions, demands, and liability arising out of or in connection with the use of audio, photographs and/or video images of me and/or my minor child.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian)

Address/Phone Number (if different than above): \_\_\_\_\_

\*A parent or guardian is required to sign for a minor under the age of 18. Minors aged 14 to 17 should also sign.

### **Witness**

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

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

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