Trinity College of Nursing
& Health Sciences
UnityPoint Health

Media Release Form

Authorization for Photos, Video Recordings, Media, Web, Prepared Statements & Interviews.

I do hereby give Trinity College of Nursing & Health Sciences, his or her assignees, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I am of full age (18 years or older).

To do the following (check as many as apply):

- ☐ Take photographs of me.
- ☐ Record me on audiotape or videotape.
- ☐ Work with me to prepare a personal statement.
- ☐ Conduct an interview with me, which may include questions about my personal experiences at the College.

Photographs and recordings may be used for single or multiple purposes in any print publication or electronic media (including but not limited to newspapers, television broadcasts, radio broadcasts, magazines, brochures and web sites) as approved by Trinity College of Nursing & Health Sciences and/or outside news organizations. This includes both publications and electronic materials prepared by Trinity College of Nursing & Health Sciences as well as outside news organizations.

I realize I will receive no payment in connection with any publication or use of these photographs, video or audio recordings or statements, and I waive any claims that I or others have for such payments.

I do now and shall in the future hold Trinity College of Nursing & Health Sciences, its successors and assignees, blameless and free from any claims in connection with the consent and use of the materials specified above.

This form has been explained to me—or I have read and fully understand this form—and all questions that I have been asked have been answered to my satisfaction.

Individual Signature: _____ **Date:** _____

Printed Name: _____

If under 18, Legal Representation Signature: _____ **Date:** _____

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