



An Affiliate of  UnityPoint Health

Consent for Interviewing/Photography

I hereby give my consent to the photographing and recording of myself. Guthrie County Hospital is hereby authorized to use or cause to be used said still photographs, interviews, commercial or other business purposes. Said photographs and/or recordings may be used singularly or in conjunction with other photographs and/or recordings.

I hereby give my consent to the photographing and recording of myself for all marketing materials (printed and online, including social media).

Guthrie County Hospital has my authorization to reproduce, or cause to be reproduced and used such photographs and voice recordings. I understand that others may use and/or reproduce said photographs and/or recordings with or without Guthrie County Hospital's consent.

I hereby release Guthrie County Hospital, any of its associated or affiliated companies, their management, employees, customers and Guthrie County Hospital's appointed advertising agencies, officers, directors, agents, and employees, from all claims of any kind on account of such use.

Printed Name

Date

Signature

Mailing Address

Phone Number: _____