

# CAROLINAS HOSPITAL SYSTEM

Florence, South Carolina  
Photography/Media Release Form

Patient/Physician/Staff: \_\_\_\_\_ Room #: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Requested by: \_\_\_\_\_

Purpose: \_\_\_\_\_

I hereby consent to be  interviewed,  photographed or  videotaped for the purpose of:

- Publicity/Promotion to include publication in newspapers, magazines, marketing.
- Brochures or other printed media; for public service announcements and news stories through electronic media (television, radio or hospital website); or for displays.
- Education to include professional training and in-service programs for hospital and other care providers.
- At the patient's request for \_\_\_\_\_.
- At the request of Police and/or DSS.

I further agree to hold Carolinas Hospital System, its physicians and staff free and harmless from any and all liability or ill effects that might arise from the use of such information.

\_\_\_\_\_  
Patient/Physician/Staff/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date