



COLUMBUS COMMUNITY HOSPITAL, INC.
4600 38th Street, PO Box 1800
Columbus, NE 68602-1800

RELEASE AND CONSENT FORM
FOR MARKETING OR MEDIA
MR-25 6/09

I, _____, do hereby consent to the following:
(Name)

*Pictures

*Interviews

*Videotaping

*Social Media

to be taken of myself and/or my relative _____ on _____
(Name) (Date)

for the purpose of (description of activity) _____

I further give consent to allow the news media to publish said pictures and/or other visual reproductions of images and understand that Columbus Community Hospital and its employees are not responsible for the quality or quantity of pictures and/or other visual reproductions of images that are taken and/or published.

I hereby release the doctor and Columbus Community Hospital ("CCH"), Columbus, NE and its employees from any and all responsibility for my decision.

_____ AM
Date Time _____ PM

Patient's Signature or Name

Parent or Legal Guardian

CCH Authorized Representative

