General Release

Adult Subject's Name (please print)

I agree to be interviewed, photographed, videotaped and otherwise recorded on film, videotape, audiotape or other format. I agree to allow the news media, under the supervision of St. Luke's, to photograph, videotape, film or otherwise record my surgery or procedure, taking all appropriate measures to preserve a professional medical environment and my health and safety. I understand that my name may be used in connection with these materials unless I have specifically restricted its use, below. I give permission for my voice, image and identity to be used for public broadcast, online media and in other venues, e.g., for other educational purposes, by news media outlets and St. Luke's Cataract & Laser Institute in its marketing and outreach initiatives.

I release St. Luke's Cataract & Laser Institute and its Regents, officers, agents and employees from any and all liability connected with the taking or use of these materials. I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information and education and for the furtherance of medical science or for other lawful purposes.

Signature Today's Date

Address

City State ZIP Phone #

Email Address

Witness