



PRIORITY
A M B U L A N C E[®]

Media Consent Form

Name _____ Birthdate _____ / _____ / _____

I hereby authorize Priority Ambulance and those acting pursuant to its authority, or with its permission, to interview and to use existing photographs, audio or audiovisual recordings ("Media Images") or have Media Images made with my voice or likeness.

I understand that these Media Images may be released to the public by the news media or by the Priority Ambulance in broadcast, print or Internet media. I also understand that the Media Images may be used by Priority Ambulance for advertising and marketing purposes. These Media Images may be used in whole or part as long as this is in effect and Priority Ambulance has not received notice that this consent has been revoked. I also understand that I am not required by Priority Ambulance to authorize the above consent.

I further understand that my name may be used in connection with these Media Images unless I have specifically restricted such use below.

(Outline any restrictions here.) _____

I release Priority Ambulance, officers, agents and employees from any and all liability connected with capture or use of these Media Images.

I waive all rights, interest or claims for payment in connection with any exhibition or release of these Media Images. I understand that this consent is voluntary and can be revoked at any time.

I acknowledge that I have legal authority to sign this form.

Signature

Address

City

State

Zip Code

Date