



**CONSENT FOR USE AND DISCLOSURE OF
IMAGE, VOICE, CONTENT AND/OR WRITTEN TESTIMONIALS**

For good and valuable consideration, receipt of which is hereby acknowledged, I authorize HCA Management Services, L.P., and its affiliates (collectively, "HCA") and its respective parents, affiliates, subsidiaries, licensees, successors, designees and assigns, including without limitation the facility identified on this document, to videotape and/or photograph me and record my image, likeness, voice, conversations and/or sounds (or have my image, likeness, voice, conversations and/or sounds recorded), including the right to publish any verbal or written statements, testimonials or biographical information (including my name) I may provide, including with respect to HCA and its services, employees or staff, and including photographing, taping, and/or recording my medical condition(s) or treatment(s) or professional or job-related activities (collectively, the "Materials"), and provide my permission and grant to HCA a royalty-free, irrevocable, worldwide license to use, distribute, copy, publish, display, broadcast, modify, and otherwise exploit, and to license to others to use and exploit in any manner using any media and distribution method, including on the Internet, in whole or in part, free of any payment, royalty, or other compensation of any kind to me any and all photographs, images, video or other media or materials (whether including my likeness or not) that I provide to HCA in whole or in part collectively, the ("Content"). I understand that for purposes of this consent, the terms "image," "voice" and "photograph" encompass still photographs derived from video recordings, digital images, audiotapes and any other method to reproduce or edit my likeness, image or voice, now known or hereafter developed.

The above permission, authorization and grant applies to all Materials and Content that I may provide in the future, as well as all Materials and Content that I have provided in the past, including without limitation all recordings and photographs of me, my image, likeness, voice, conversations and/or sounds and all verbal or written statements, testimonials or biographical information (including my name) that I have previously provided.

I expressly understand that HCA is and shall be the sole and exclusive owner of the Materials and all results and proceeds thereof, with the right, throughout the world, for any and all purposes whatsoever (including without limiting commercial, marketing and promotional purposes) and for an unlimited number of times in perpetuity, free and clear of all claims whatsoever by me and/or on my behalf, to copyright, use, publish, display, broadcast, distribute, and otherwise exploit, and to license others to use and exploit in any manner using any media and distribution method, including on the Internet, all or any portion thereof or of a reproduction thereof, in whole or in part, free of any payment, royalty, or other compensation of any kind to me.

I further represent that any statements made by me during my appearance or in the Materials or the Content are true to the best of my knowledge and that neither they nor my appearance will violate or infringe upon the rights of any third party. I hereby acknowledge that I am solely responsible for any statements made by me during the recording of my voice and/or likeness as described above, which statements shall consist solely of my opinions and do not necessarily represent those of HCA, which is not responsible for the content of such statements. I hereby represent and warrant that I have not given any other person, entity or firm the exclusive right to use by name, likeness, voice or photograph, and that by signing this document I am not in breach of any other agreement to which I am a party.

I hereby waive any right of inspection or approval of the Materials and my appearance in such Materials and the uses to which such Materials or Content may be put. I agree that the Materials and Content may be edited in the sole discretion of HCA and that HCA is under no obligation to use the Materials or Content. I acknowledge that HCA will rely on this permission potentially at substantial cost to HCA and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

I hereby acknowledge that neither HCA nor any of its agents or employees have made any representations or warranties of any kind with respect to any medical or other advice or information that I may receive in connection with my appearance, and that I have not relied on any such representations or warranties in agreeing to participate in the recording of my voice, image and/or likeness as described above or in the execution of this Consent for Use and Disclosure of Image, Voice, Content and/or Written Testimonials (the "Consent").

I hereby forever release and discharge HCA, and its respective members, officers, employees, customers, assigns, designees and representatives from any and all claims, demands, actions, liabilities and damages whatsoever arising out of or attributable to, in whole or in part, the use or exploitation , or non-use, of the Materials and/or Content.

I am signing this Consent as my voluntary act and deed, having read it in its entirety and understanding the contents thereof to my satisfaction, and I acknowledge that it is binding upon me, my legal representatives, heirs and assigns. If I am a patient of HCA and signing this Consent, I understand that this Consent will be signed contemporaneously with the form entitled Authorization for Use and Disclosure of Protected Health Information for Marketing and Promotional Purposes (the "Authorization"), and I agree that in the event of conflict between the two documents, the terms of the Authorization shall govern.

Signature of Individual or Legal Representative: _____

Print Name: _____

Relationship of Legal Representative to Patient (e.g., parent, guardian): _____

Date: _____ **Facility/Division** _____