



MEDIA CONSENT FORM FOR ADULTS

_____, participate in programs and activities with **COLUMBIA INTERNAL MEDICINE AND MEDICAL SPA** .

I hereby consent to participation in interviews, the use of quotes and the taking of photographs and/or videos of me on behalf of **COLUMBIA INTERNAL MEDICINE AND MEDICAL SPA**. I also grant the right to edit, use, and reuse said products for promotional purposes, including in print, online, social media and all other forms of media. I consent to the use of my name and association with **COLUMBIA INTERNAL MEDICINE AND MEDICAL SPA** for the foregoing purposes. I give this authorization without expectations of compensation.

This consent will remain in effect until I revoke it in writing.

Signature: _____ Date: _____



MEDIA CONSENT FORM FOR CHILDREN & YOUNG ADULTS

I, _____, am the parent/guardian of _____, and participate in programs and activities with **COLUMBIA INTERNAL MEDICINE AND MEDICAL SPA**.

I hereby consent to participation in interviews, the use of quotes and the taking of photographs and/or videos of me on behalf of **COLUMBIA INTERNAL MEDICINE AND MEDICAL SPA**. I also grant the right to edit, use, and reuse said products for promotional purposes, including in print, online, social media and all other forms of media. I consent to the use of my name and association with **COLUMBIA INTERNAL MEDICINE AND MEDICAL SPA** for the foregoing purposes. I give this authorization without expectations of compensation.

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