



Eureka  
521 North Virginia Ave.  
Eureka, MO 63025  
Tel: (800) 707-0215

## Release Form For Media Recording

I, the undersigned, do hereby consent and agree that *Arch City Foot & Ankle*, its employees, or agents have the right to take photographs, videotape, or digital recording of me, and to use these in any and all media, now or hereafter known, and exclusively for the purpose of educational and marketing promotions, and program assessment. I further understand that my name and identity will not be revealed therein or by descriptive text or commentary.

I do hereby release to *Arch City Foot & Ankle*, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I understand that *Arch City Foot & Ankle* will help to protect my identity.

I also understand that *Arch City Foot & Ankle* is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I have read and understand the foregoing statement, and I am competent to execute this agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_