



## MEDIA CONSENT & RELEASE

In partial consideration for the services received at the Minnesota Masonic Children's Clinic for Communication Disorders, I do hereby irrevocably consent to and grant Minnesota Masonic Charities ("Charities"), a nonprofit corporation, its Member, officers, employees, and agents the right to make and use written records, photographs, video recordings, audio and voice recordings, and other multimedia, including derivative works thereof, (the "Media") and any reproduction of them in any form whatsoever, relating to the evaluation and/or treatment of:

\_\_\_\_\_.  
(Full Name of Client)

I hereby consent to Charities' exhibition and use of the Media for any lawful purpose, including, but not limited to, print or digital marketing, therapeutic, educational, scientific, and professional use. I further hereby waive any rights, claims, or interests that I may have to inspect and/or approve the use of the Media or any reproductions thereof by Charities. I also hereby waive any right to royalties or other compensation arising or related to the use of the Media.

I hereby release and discharge and agree to defend, indemnify and hold harmless Charities, its Member, officers, employees, and agents from all claims, demands, causes of action, and legal liabilities arising out of and relating to this consent and release and use of the Media.

Exceptions to use of the Media are: \_\_\_\_\_

I represent that I am of legal age, have read, understand and agree to the terms of this consent and release, and am competent to execute this agreement.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under eighteen (18) years old, the following section must be completed by the adult legally in charge of your care:**

I have read, understand and agree to the terms of this consent and release for myself and on behalf of the above-named minor. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to defend, indemnify, and hold harmless Charities, its Member, officers, employees, and agents, for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity and authority to act for and on behalf of the minor in execution of this consent and release.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_