



Consent and Release form
(Photo & Video)

I _____, hereby grant Health for Life Center Bariatric program permission to photograph and / or videotape me while I am participating in their program. I grant permission to Health for Life Center Bariatric program, employees, agents and / or third party designated and approved by Methodist Healthcare Health for Life Center Bariatric program to use my photo or video for print, publication, television, broadcast and / or Web Site.

I understand that this event is strictly on a volunteer basis and do not expect any compensation for my time or transportation.

I hereby release Methodist Healthcare Health for Life Center Bariatric program and all its affiliates from all claims that I may have now or hereafter by Methodist Healthcare Health for Life Center Bariatric program in connection with my participation in this event.

Signature

Date

Name (Printed)

Address

Work Phone

Home Phone

Age