



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