



## Media Release Consent Form

I hereby grant the Fort Drum Regional Health Planning Organization (FDRHPO) full permission to use either my photograph and/or name (if necessary) and any comments or quotes shared for edit, use, and reuse for marketing purposes including use in print, internet and all other forms of media.

I hereby consent to the participation in interviews, and the taking of photographs or video tapes.

This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph.

I also hereby release The Fort Drum Regional Health Planning Organization (FDRHPO) and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

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Name

Organization

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Address

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City

State

Zip

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Signature

Phone Number

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