

MEDIA CONSENT FORM FOR ADULTS

programs and activities with COLUME	, participate in, barticipate in, since the second seco
I hereby consent to participation in interviews, the use of quotes and the taking of photographs and/or videos of me on behalf of COLUMBIA INTERNAL MEDICINE AND MEDICAL SPA . I also grant the right to edit, use, and reuse said products for promotional purposes, including in print, online, social media and all other forms of media. I consent to the use of my name and association with COLUMBIA INTERNAL MEDICINE AND MEDICAL SPA for the foregoing purposes. I give this authorization without expectations of compensation.	
This consent will remain in effect u	ntil I revoke it in writing.
Signature:	Date:
MEDIA CONSENT FO	ORM FOR CHILDREN & YOUNG ADULTS
l,with COLUMBIA INTERNAL MEDICI	, am the parent/guardian of, and participate in programs and activities NE AND MEDICAL SPA .
and/or videos of me on behalf of CC also grant the right to edit, use, and print, online, social media and all oth	nterviews, the use of quotes and the taking of photographs DLUMBIA INTERNAL MEDICINE AND MEDICAL SPA . I reuse said products for promotional purposes, including in her forms of media. I consent to the use of my name and ENAL MEDICINE AND MEDICAL SPA for the foregoing hout expectations of compensation.
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