



## **Penn Medicine Princeton Health General Publicity Consent Form**

This form is to be used to obtain authorization from an **individual** to release to the public (in response to media inquiries and/or in news releases, publications, marketing materials and/or the web site) photograph(s) and/or information that it is **not** related to his/her care as a patient of Penn Medicine Princeton Health.

I hereby authorize and permit Penn Medicine Princeton Health and Matthew Perry's team to take, obtain and make use of photography and publicity of myself. I understand that such photography, interviews and information may be used for inclusion in media reports and in Princeton Health publicity materials and publication. I understand that this will be done without compensation to me.

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Signature of Guardian (if required): \_\_\_\_\_

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### INFORMATION FOR MARKETING/PUBLIC AFFAIRS USE ONLY

Description of photograph or article \_\_\_\_\_

Department/Division \_\_\_\_\_

Intended Use \_\_\_\_\_

Photographer \_\_\_\_\_

Penn Medicine Princeton Health Representative \_\_\_\_\_

#### **Princeton Health**

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