

# Benjamin J. Cousins, M.D.



## Video Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Dr. Benjamin J. Cousins, M.D., P.A., it affiliates and agents, to use my image and likeness and/ or any interview statements from its publications, advertising or other media activities (including internet).

This consent includes, but is not limited to: (initial where applicable)

\_\_\_\_\_ - (a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/ or records my voice;

\_\_\_\_\_ - (b) Permission to use my name; and

\_\_\_\_\_ - © Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s), or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines, and other print media, on television, radio and electronic media (including internet), in theatrical media and/ or in mailings for educational and awareness.

This consent is given in perpetuity and does not require prior approval by me.

Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

The below signed parent of legal guardian of the above- named minor child hereby consents to and gives permission to the above on behalf of such minor child.

**Signature of Parent:** \_\_\_\_\_

Print name: \_\_\_\_\_

*The following is required if the consent form has to be read to the parent/ legal guardian:*

I certify that I have read this consent form **in full** to the parent/ legal guardian whose signature appears above.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature** of Organizational Representative