



## Media Release Form

By signing below, I authorize CHRISTUS Health to distribute, publish, reproduce, edit, exhibit, and display, through any form of media (print, digital, electronic, social, broadcast or otherwise), the following: (i) my name, gender and age; (ii) any written work or the product of any interview that I have given to CHRISTUS or its agent; and (iii) images of me, including video and audio recordings, that have been taken or recorded at the request of CHRISTUS contest-related purposes or that I have provided to CHRISTUS (collectively, the "Materials").

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I agree to hold harmless and forever release CHRISTUS, its officers, representatives, employees, and agents, from any liability connected with or arising out of the use of the Materials.

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I certify that I am at least 18 years of age and am competent to contract in my own name. I have read and understood the contents of this release, and I sign below voluntarily.

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

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### ***For participants under the age of 18:***

I have read and understand the contents of this release and agree on behalf of my participant child.

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

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_