



FILM, PHOTOS, TAPE, AND VIDEO CONSENT AND RELEASE

In advancing the cause of Village Medical charitable mission, and without expectation of compensation or other remuneration, now or in the future, I hereby give consent to Village Medical, its affiliates, and agents for the following:

- a. To interview, film, photograph, tape or otherwise make a video reproduction of me and/or my child.
- b. To use my name and image and/or my child's name and image whether photographic, video and/or electronic), interview statements (and excerpts of statements) from me or my child, in whole or in part, in Village Medical publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the "Internet") in theatrical media and/or in mailings for educational, and awareness campaigns by Village Medical, in connection with the promotion of Village Medical products, and/or to help raise funds for Village Medical.

This consent is given without expiration, and future uses do not require additional permission from me. The below signed individual, parent or legal guardian hereby consents to and gives permission to the above.

<i>Signature of Responsible individual/Parent/Legal Guardian</i>	<i>Date</i>
<i>Print Name</i>	
<i>Address</i>	

The above signed parent/legal guardian consents to and gives permission to the above statements on behalf of the child named below.

<i>Child's Name</i>	<i>Child's age</i>
---------------------	--------------------

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

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

<i>Signature of VMI representative partner organization representative OR community leader</i>	<i>Date</i>
--	-------------