



Cooper University Health Care
Marketing/Communications Department
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Marketing Consent and Release Form

I, (patient/individual) _____, hereby grant Cooper University Health Care (herein after Cooper) the irrevocable right and permission to use my name, voice, photograph(s), image(s), video, or likeness, and any statements, including personal health information concerning any illness or injury and medical treatment performed at Cooper (collectively known as the "Recording" herein) made on the Recording date(s) below to be used by Cooper for marketing, advertising, or public relations purposes, which could include, but not be limited to, distribution to news media outlets, television commercials, digital, electronic, or online advertisements, radio advertisements, social media posts and marketing, print advertisements, direct mail marketing, email marketing, print or video press releases, or any other form of marketing, advertising, or publicity.

This consent and release agreement fully represents all terms and considerations. No other inducements, statements, or promises have been made to me. I understand that Cooper shall own any Recording or other marketing or public relations material. I am not entitled to any compensation or royalties or other remuneration resulting from such Recording, media, marketing, or public relations material. This authorization does not have an expiration date. I understand that I may revoke this authorization by notifying the Director of Health Information Management, but that that Cooper may have a continued right to use or disclose my health information if Cooper has already used or disclosed that information on the basis of this authorization.

I further understand and agree that I will not have the option to review or approve the final marketing, advertising, media, or public relations material before Cooper publishes, makes public, posts, or broadcasts and I acknowledge that other news media may reprint or rebroadcast all or part of the Recording I am releasing to Cooper following its initial publication, release, or broadcast.

Signature of Consenting Patient/Person

Signature of Patient Representative

Date of signing

Recording Date(s)

For Cooper Communications & Marketing Use Only:

Marketing/Event/PR description: _____

Person or organization taking Photo/Audio/Video _____

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