



C E N T R A

Consent To Release Information Through Interviews, Print Media, Photographs, Motion Picture, Video Production, Radio & Television

I, _____ (please print name)

Address: _____ (street) (city) (state) (zip)

Telephone: _____ (area code) (home) (area code) (work)

give to Centra, its employees, physicians, volunteers and other people officially working on behalf of Centra, consent and permission for an interview and/or photograph(s), still or film, for purposes of publication in newspapers, magazines or other printed media, or for broadcast by means of video, motion picture, radio, television or internet transmission. I relieve and agree not to hold Centra liable for the interviewing and photographing, and subsequent publication or broadcasting. I understand that the interviewing and photographing are being carried out with my consent, and I assume responsibility for my consent.

Witness my signature on this, the _____ day of _____, 20 _____

Signature: _____

Witness: _____ (name) (date)

Note: If individual involved in this release form is a minor, the parents or guardian should complete this consent form.

Name of Minor: _____

Witness: _____

Indicate for which facility (please check):

Centra Lynchburg General Hospital Centra Virginia Baptist Hospital

Other: Centra Facilities (write name of facility)

Reason Consent Required: Publicity

Any questions about this consent form may be directed to the Communications/Marketing Department at Centra, 1920 Atherholt Road, Lynchburg, VA 24501 • 434.200.4730.