



## General Release & Authorization for Use of Name, Photograph and Information

I, \_\_\_\_\_ [print name], hereby authorize New York Blood Center, Inc., d/b/a Memorial Blood Centers (“MBC”) to photograph, videotape or record me, and to reproduce in any manner my photograph, recorded image, likeness, voice, name, story, statements, quotes, views or other background information (collectively “Name, Photograph and Information”) for publicity or public affairs purposes. I understand that my background information may include health information about me. I authorize MBC to use that information, at MBC’s discretion, for the purposes stated in this General Release & Authorization.

MBC shall have the right to use my Name, Photograph and Information in any MBC publication selected by MBC, including publication on MBC’s website. I understand and accept that MBC will own and may reproduce my Name, Photograph and Information to make them available for publication in news, promotional or other similar media (including Internet or other on-line media) with the purpose of advancing MBC’s mission. I also understand and accept that I shall have no right to inspect or approve the use of my Name, Photograph and Information by or on behalf of MBC, nor will I receive any compensation for use of my Name, Photograph and Information.

With regard to all current and future publications in which MBC may use my Name, Photograph and Information, I understand and accept that my authorization will remain in effect unless and until I contact MBC in writing to revoke this authorization.

I also understand and accept that I may revoke this authorization at any time before MBC has relied upon it, but MBC may use and disclose my health information to the extent that MBC has relied upon my authorization. MBC’s reliance on my authorization begins as soon as MBC completes the work-product that is the subject of the publicity or public affairs activity. For example, in the case of an MBC newsletter, I may revoke my authorization to have my Name, Photograph and Information published in that newsletter at any time before the newsletter goes to press. Anytime thereafter, I may no longer revoke my authorization concerning that newsletter, as MBC will have submitted the completed newsletter to the printer in reliance on my authorization. However, I may still revoke my authorization for use of my Name, Photograph and Information in future publications for which MBC has not yet completed the work- product.

*Because MBC puts a lot of time, energy and resources into conceiving and developing the work-product for its publicity and public affairs activities, MBC asks that you notify the following department in writing as soon as possible if you decide to revoke your authorization:*

MBC Marketing and Communications  
737 Pelham Boulevard  
St. Paul, MN 55114  
(888) 448-3253

By: \_\_\_\_\_  
(Signature)

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

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

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



**To be completed for an individual who is under 18 years of age:**

I, \_\_\_\_\_ **[print name]**, hereby represent and warrant that I am the parent or guardian of the minor whose Name, Photograph and Information are at issue in this General Release & Authorization. I represent and warrant that I have the authority to consent and to act on behalf of the minor. I authorize MBC to photograph, videotape or record the minor, and I agree that I and the minor will be bound by all of the provisions of this General Release & Authorization concerning the Name, Photograph and Information of the minor.

By: \_\_\_\_\_  
(Signature)

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

Name of Minor: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

FOR INTERNAL USE ONLY	
<b>Blood Drive/MBC Event Information:</b>	
<b>Date:</b> _____	<b>Notes:</b> _____