



ADVANCING A HEALTHIER WISCONSIN ENDOWMENT

CONSENT FORM FOR PHOTO/VIDEO/BIOGRAPHICAL INFORMATION

Please complete and sign this form. After signing, please submit a scanned copy to the Advancing a Healthier Wisconsin endowment and the Healthier Wisconsin Partnership Program (HWPP) via email at healthierwisconsin@mcw.edu.

You can also fax the signed form to HWPP at **414.955.6460**.

Date _____

Name of person in photograph (consenting) _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

The undersigned hereby authorizes the Medical College of Wisconsin, Inc., its agents or employees (or any bona fide news media personnel) to photograph, film (i.e., motion pictures), videotape, produce other illustrative material and / or make audio recordings of me, provided that such photographs, film, motion pictures, videotape, audio recordings or other illustrative material, including Power Point presentations, be used only for scientific, education or informational purposes, or for any other purpose which, in the judgment of the Medical College of Wisconsin, may help to further the goals of the Medical College of Wisconsin. These purposes may involve print, broadcast or web-based media.

Signature of person in photograph (consenting) _____
Date

Authorized signature for minor or incompetent subject _____
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