



**THE UNIVERSITY
OF QUEENSLAND**
AUSTRALIA



Consent and Release Form

Name of Participant

Date

The undersigned hereby authorizes or ratifies the taking and use of photographs, film or tape during treatment or other procedures including special events hosted by Ochsner Health System; including Ochsner Medical Center – New Orleans, Ochsner Health Centers, Elmwood Fitness Centers, and Ochsner Community Hospitals (Baptist, West Bank, Kenner, St. Anne General and Baton Rouge), and The University of Queensland, Brisbane, for use by these institutions in public relations and marketing activities, including use by or for news media, and further authorizes the use of the undersigned's name with said photos, film, print or tape in advertising activities (television commercials, print ads, brochures, web site, outside billboards, etc.)

This consent is expressly intended to release from liability the Ochsner Health System and The University of Queensland (including all personnel thereof, as well as employees, physicians, consultants, advertising agency, etc.).

OCS Administration Signature

**Signature of participant or Person
Authorized to Consent for Participant**