125 MAY STREET | EDISON, NJ 08837 | PHONE 7326610202 | MTFBIOLOGICS.ORG

Authorization for Release of Information for Communications Media

Full name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____

Email address: _____

I hereby give permission to ***MTF Biologics (MTF)*** to use and disclose my personal story and/or written description of my experience, photos, videotapes, audiotapes, radiographic images, or other for the purpose of marketing, educational publications, and other media purposes (including but not limited to, radio, television, print media, the internet, for exhibition, advertising, and educational conferences). I understand that, to the extent authorized above, I am waiving any confidentiality of my personal health information and releasing any and all rights associated with materials or information disclosed pursuant to this authorization. I hereby waive any right to inspect and/or approve the finished product to be published. I am aware that, unless otherwise stated, I will not receive payment.

I grant permission to share my story and/or written description of my experience and the materials listed above with MTF, MTF affiliates, recovery and distribution partners, and other organizations that promote donor awareness.

I understand that the above information and materials may be used indefinitely, and the precise manner in which the information and materials may be used cannot be controlled by MTF. This authorization will remain in effect until I revoke it in writing. I understand that I have the right to revoke this authorization, but only to the extent that MTF and/ or the media organization listed herein have not already relied on this authorization. I may revoke authorization of new or additional information not previously released by providing a written statement to MTF at the address provided on this form.

I acknowledge that I have read and fully understand this release and its contents.

Printed name: _____

Relationship to Minor: ○ Adult child ○ Parent ○ Legal guardian ○ Next-of-kin

Signature: _____ Date: _____

☐ By checking this box, I acknowledge that I am adding my signature to this form and that it is legally binding.