



**South Texas
Blood & Tissue Center**

**Photo and Video Release/Publication/
Social Media/STBTC Web Page Consent Form**

I hereby consent to release for possible publication my name and/or photo(s) and /or video images taken by any authorized South Texas Blood & Tissue Center employee, or any media representative for news and/or publicity purposes. This may include television, newspaper, magazine article, social media sites (MySpace, Facebook, Twitter, etc.) and/or STBTC publications (newsletters, flyers, brochures, World Wide Web Page, etc.). I also agree to allow the publication or broadcast of my name in connection with any photo(s) and/or video images taken, and I understand that I will not receive numeration for my voluntary participation or future use of any photo(s) and/or images of me. I understand that photos and /or videos for the media and /or World Wide Web may be used in publications and /or Web sites outside of STBTC control.

I understand that I may revoke this authorization at any time by notifying the person or organization providing the information in writing. However, the revocation will not be valid if: South Texas Blood & Tissue Center has taken action in reliance on this authorization or if this authorization is obtained as a condition for obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

This authorization expires upon written notice from consentee. For more information contact the Community Relations Department at 210-731-5555 ext. 1520.

NAME: _____
Please Print Clearly

ADDRESS: _____
Number & Street

CITY: _____

STATE: _____ **ZIP:** _____

PHONE: _____ **E-MAIL:** _____
(Optional) (Optional)

SIGNATURE: _____
(Please note that parent or guardian must sign for persons under 18 years of age.)

(Office Use Only)
PLEASE DO NOT WRITE BELOW THIS LINE

Description of Photo: _____

Date Taken: _____ Time: _____

Event: _____

Place: _____

For use in: _____

O Drive Location: _____