



**ADVENT REHABILITATION**  
**MEDIA RELATIONS / PROMOTIONS RELEASE FORM**

Please complete a separate release form for each person featured in the material(s). Please provide all the information asked for below.

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person requesting the material: \_\_\_\_\_

Please check all that apply. This material will be used in the form of: Photographs

Slides ☐ ☐ Recording

Video Tape ☐ ☐ Movies

Collateral Material ☐ ☐ Interview

Website ☐ ☐ ☐ Other (please specify)

To be used for the purpose of \_\_\_\_\_ by Advent Rehabilitation for an indefinite period of time, unless otherwise specified.

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

**RELEASE**

**IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.**

I (we) give my (our) permission to Advent Rehabilitation of Grand Rapids, Michigan, to use my name (or my child's name), city and state, and/or photograph, videotape, or any likeness for publicity purposes and the use of statements made by or attributed to me (or my child) relating to Advent Rehabilitation for this or similar promotions and grant to Advent Rehabilitation any and all rights to said use without further compensation. It is my (our) understanding that my signature below releases Advent Rehabilitation from any financial or legal responsibility for the use of this media relations/promotional material(s).

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

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

Please note: All signed release forms MUST be returned to the Administrative Office.