Media Release Contract

I hereby grant SHAHealth Arizona Women’s Specialists (hereby referred to as “The Practice”) to post my and/or my child’s story, photos, or other items, which will herein be referred to as “personal content,” I submit to and for SHAHealth Arizona Women’s Specialists website, blog, Facebook, and Instagram account.

I, the patient, am fully aware of any and all risk that comes with posting to social media and the internet in general. I understand that SHAHealth Arizona Women’s Specialists is not responsible for any risks that come with posting online.

I hereby release the following information to SHAHealth Arizona Women’s Specialists:

☐ Testimonials

☐ Stories

☐ Photos

☐ Reviews

☐ Videos

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I am stating that I understand that I am giving SHAHealth Arizona Women’s Specialists the right to use my personal content on their website at my discretion. I also understand that I have the right to revoke the Practice’s right to use my personal content at any time.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note, we will never share or sell personal information such as your full name, address, social security number, phone number, etc. Keeping our patients’ privacy safe is very important to us.