

**Consent for Photography, Television, Sound Recording, and Interviews
For Medical Education and Marketing/Public Relations Purposes**

I, _____, hereby irrevocably assign and grant to OneBlood, Inc., and its subsidiaries, agents, authorized representatives and assigns the right and permission to use, reproduce, publish or copyright my name and any and all photographs, films, videotapes, electronic representations, sound recordings or any other visual or audio representations of which I am a part that are made of me or my child by, on behalf of or for the benefit of OneBlood, Inc., without limitation or restriction. All such negatives, positives, prints, videotapes, soundtracks, artwork, web designs, etc., are and shall be the property of OneBlood, Inc., and I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of such materials without limitation at the discretion of OneBlood, Inc.

I specifically waive any right to any compensation that I may have for any of the foregoing; and I hereby release OneBlood, Inc., its subsidiaries, authorized representatives, agents and assigns, and any related parties or other organizations associated with the activities at which such materials were made, from any and all liability from such use and publication.

I waive my rights of privacy and/or publicity that I might otherwise have with regard to such materials and any derivative work of such materials, including any promotional materials in connection with OneBlood marketing programs. No use of my name, voice and/or likeness shall be the basis of any future claim of any kind against OneBlood, Inc., or its affiliated companies, agents or representatives, the officers, directors or employees of any of these, or their successors or assigns, nor shall this release be made the basis of any such claim.

I certify that I have read and understand the foregoing consent, waiver and release, that I am signing this document voluntarily, and that my electronic signature/approval is the legal equivalent of my manual signature on this document.

Signature _____

***(See below if under the age of 18)**

Printed Name: _____

Phone Number: _____ **Date:** _____

Street Address: (City, State, Zip Code) _____

Email Address: _____

*** If under the age of 18, this form must be signed by a parent or legal guardian**

I represent that I am the parent or legal guardian of the person identified above, that I have read and fully understand the terms of this consent form, and I agree to the terms of this consent form on behalf of the person identified above.

Parent/Guardian Signature: _____

Printed Name of Parent/Guardian: _____

Phone Number: _____ **Date:** _____