



Illinois Primary Health Care Association

Illinois Primary Health Care Association
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CONSENT AND RELEASE
Photographs, Audiotapes, Videotapes, and
Interviews

Dear Participant,

The Illinois Primary Health Care Association (“IPHCA”) is a not for profit corporation that strives to improve the health status of medically underserved populations by fostering the provision of high-quality, comprehensive health care that is accessible, coordinated, community-directed, culturally sensitive and linguistically competent. **IPHCA requests your permission to use the materials specified below.** Please sign and return this form. Remember to keep a copy for yourself.

For valuable consideration received,
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I authorize IPHCA to use and publish the Work with my name or no name for any purpose whatsoever, including without limitation for the purpose of publicity, illustration, or the promotion of any product or services of IPHCA or its membership.

I hereby release and discharge IPHCA, its affiliates, designees, successors, and assigns, and any and all authorized users of all or any portion of the Work from any and all claims, demands, liabilities, causes, causes of action or damages whatsoever including, without limitation, claims pertaining to defamation, invasion of privacy, or other actions in any way arising out of, connected with, or relating to all or any part of the Work or any uses thereof.

I have full authority to grant the Consent and Release set forth above. I have read the foregoing Consent and Release and fully understand and agree to its terms.

Signature: _____

Address: _____

Print Name: _____

Relationship (if subject is a minor): _____

Daytime Telephone: _____

Date: _____

Email Address: _____