



James C. Vailas, MD
President

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Executive Director

Media and Basic Injury Information Release

Release Form for Photo/Video Media

Please print:

Name: _____

Name of parent or guardian if appropriate: _____

I hereby give my permission to the New Hampshire Musculoskeletal Institute/Safe Sports Network to use any photos or videotape material taken of myself (or my child/charge). I understand the photos or video material may be used online (NHMI/Safe Sports Network web page or social media) or in marketing materials. I may at any time withdraw permission for photos or video footage of me to be used.

Signature: _____ Date: _____

Release Form for Use of Name / Basic Injury Information

By signing below you agree to allow the Safe Sports Network to release your (or your child/charge's) name, photo and brief information about his/her sports injury. The information only describes the injury, how it occurred, and its follow up.

Signature: _____ Date: _____