

**Bayside Medical Mission and La Vida Clinic and Surgical Center
Photo and Other Digital Media Consent and Release Form**

By signing this form, I hereby grant Bayside Medical Missions and La Vida Clinic and Surgery Center the use of photos or videos taken of me during any Mission Trip in which I participate. These may be used in publications, news releases, online, social media, and websites, and other communications-related missions of Bayside Medical Missions and/or La Vida Clinic and Surgery Center.

Printed name of participant _____

Address: _____

Phone Number: _____

Email Address: _____

Signature of participant: _____

If the person signing above is younger than 18 years of age, the legal guardian must sign below:

Printed name of guardian: _____

Signature of guardian: _____

Phone Number: _____

Email Address: _____

Thank you!