



Testimonial Photo and Consent Release

I, _____ (“Releaser”) hereby consent to the use by Delta Blood Bank, its agents and producers the right to publish my or _____ name, picture and likeness, in whole or part, including any text or other material, prepared or created by Delta Blood Bank at its own expense.

Releaser also hereby releases Delta Blood Bank and such other parties any obligation to make any payment in connection with the use of my name, photo or other material in the manner provided above.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Patient: _____ Phone#: _____

If the Releaser is less than eighteen (18) years of age, or incapable of signing, complete the following form and have signed by the parent, guardian or power of attorney.

I, _____, hereby warrant that I am the _____ of _____, a minor, or individual incapable of signing, and have full authority to authorize the above Release which I have read and approved. I hereby release and agree to indemnify the licensed parties and their respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above Testimonial Consent and Photo Release.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Patient: _____ Phone#: _____

To help assure the financial credit from replacement blood donations are credited to patient’s hospital account, please complete the following info:

Name of Patient: _____ **Patient’s date of birth:** _____

Name of Hospital _____

City, State _____ **where patient received blood transfusions.**

Date of most recent transfusion: _____