



**Midwest Transplant Network
General Administration**

**RELEASE OF AND AUTHORIZATION
FOR THE USE OF PHOTOGRAPHS, VIDEOTAPES, SOUND RECORDINGS,
ELECTRONIC IMAGES, AND/OR PRINT MESSAGES**

To: Midwest Transplant Network, Inc., its employees, officers, directors and authorized agents

From: _____

(Name)

(Street Address)

(City, State, and Zip Code)

(Telephone Number)

Loved One's Name (if applicable): _____

Date of Death (if applicable): _____

I HEREBY RELEASE to MIDWEST TRANSPLANT NETWORK, INC., its employees, officers, directors, and authorized agents, collectively referred to as "MTN", the use of photographs, video tapes, sound recordings, electronic images, and/or print messages ("materials"). I understand and authorize MTN to use these materials in public and professional educational efforts to increase organ and tissue donation, and to foster and promote donation education. I further understand, agree and authorize MTN to use these materials for the promotion of organ and tissue donation.

I am the custodian of these materials, and I am authorized to enter into this Authorization and Release. It is expressly agreed that MTN may not re-disclose the materials other than for the uses set forth in this Authorization and Release, without my written consent.

This Authorization and Release shall continue in effect until such a time as it is rescinded in writing by me or someone authorized by law to act in my behalf.

It is expressly understood and agreed that a photocopy of this Authorization and Release shall be as valid as the original.

Signature: _____

Witness: _____ (Required)

Witness: _____ (Required)