



1. I consent that a statement and/or photograph and/or video and/or movie and/or audio recording may be taken of me by the Icahn School of Medicine at Mount Sinai and/or The Mount Sinai Hospital (and/or their agents) regarding my personal and medical history, condition(s) and treatment(s) at The Mount Sinai Hospital and/or by its staff and/or affiliated physicians, for the purposes of publicizing, promoting, marketing and advertising their activities, programs and services.
2. I grant permission for the above-described material(s) to be distributed to news media for publication and/or broadcast and/or distribution via other means to the general public. I recognize that the precise manner in which the information and material(s) will be used will be determined solely by such new media and I therefore acknowledge that The Mount Sinai Hospital and Icahn School of Medicine at Mount Sinai (collectively "Mount Sinai") have no control over or responsibility for the use of such information and material(s) by the news media.
3. I further grant permission for Mount Sinai, at its option, to use the information and material(s) as it sees fit in publications and or productions of its own making and distribution.
4. I understand that I may be identified by name in connection with the public use of the information and material(s).
5. I hereby release and agree to indemnify Mount Sinai and its affiliates, successors and assigns and their respective employees, trustees and agents from and against any and all liability, including reasonable attorneys fees, arising out of the exercise of the rights granted by this consent.