**Media Consent Form**

By signing below, you consent to Solutions 4 Health’s use and disclosure of the information given and acknowledge that your photo and/ or video/ audio testimonial may be used in advertising Solutions 4 Health services. Your information may be used in our advertising, including but not limited to publications, websites & social media sites etc. both now and in the future. This may include:

* Photographs featuring your image
* Audio and visual material featuring your image and voice
* Written testimonial of my comments on Solutions 4 Health’s service

**Print Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please email this consent form to the Solutions 4 Marketing Department**

**s4m@solutions4health.co.uk**