

Ambulance Service of Manchester, LLC

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Visual/Audio Image Release Form

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I further consent that my name and identity may be revealed therein or by descriptive text or commentary, including but not limited to use by the media or other press. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that ASM is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____

Date: _____

Address: _____

Phone: _____

Witness: _____

Signature: _____