

CNY Area Health Education Center  
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## Media Release Form

I, \_\_\_\_\_ (Print Name of Parent/Guardian), hereby authorize the Central New York Area Health Education Center and/or the participating hospital to photograph, videotape, and/or interview or permit other outside agencies to photograph, videotape and/ or interview \_\_\_\_\_ (Print Name of Child/Dependent).

My child's/dependent's name, photos, video clips, and/or interview content may be used in media releases (print, radio, internet, or television) or on the CNYAHEC and/or the participating hospital website, Facebook page, display boards, brochures, newsletters and other promotional/ educational materials.

\_\_\_\_ Do NOT use my child's name, photograph, videos, or interviews

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Signature (parent/guardian signature)