



224-D Cornwall Street NW □ Suite 403 □ Leesburg, VA 20176 □ Ph: (703) 737-6010 □ Fax: (703) 443-8697
www.LMGDoctors.com

Social Media Consent/Release Form

For News Media, Promotional Materials, Written Articles, Research and/or Photographs

I hereby authorize Loudoun Medical Group to use my photo and/or information related to my experiences with Loudoun Medical Group. I understand this information may be used in publications, including electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

My consent is freely given as a public service to Loudoun Medical Group, without expecting payment. I release Loudoun Medical Group and their respective employees, officers and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

I prefer that:

- € My complete name be used
- € My first name only be used
- € No name be used

I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Signature: _____

The signature of a parent or legal guardian is required if the above individual is under the age of 18 or is not competent.