

AETNA AMBULANCE SERVICE INC.

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Visual/Audio Image Release Form

I, the undersigned, do hereby consent and grant permission to Aetna Ambulance Service, Inc. (herein listed as Aetna), its employees, or agents to take and use visual/audio images of me or my family members and consent to interviews with members of the news media or a representative of Aetna.

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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 Aetna 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: _____