



TESTIMONIAL CONSENT AND RELEASE FORM

(Please complete and send PDF or JPG/PNG along with picture of medical ID to marketing@tag4life.org)

I/We: _____
(print name)

Being (check the appropriate box):

- Myself
 The parent(s) and/or legal guardian(s) of:

(print name if not "Myself")

HEREBY CONSENT to tag4life™ using the following testimonial information, and also taking, exhibiting, and/or publishing media such as photographs, video recordings, and sound recordings, now and in the future, for the following reason(s): Testimonials and individual photographs, group photographs, video recordings, sound recordings, and other media for public relations purposes. Public relations may include various media, including but not limited to newspapers, magazines, radio, television, websites, internet, and social media.

I/We Further Understand that tag4life™ owns all rights to all such information and media, and I/we release tag4life™ from all liability arising out of any publication or other use of that media now and in the future.

I/We declare that I/we have read this Testimonial and MultiMedia Consent and Release Form, or that it has been read and explained to me/us, and I/we fully understand and consent to it.

(signature)

(date)

(email address)

Saving One Life - Yours™

Testimonial Questions

- How did you hear about tag4life (mention Mayo Clinic if applicable, include your transplant journey)?

- What was the ordering process like (mention medical ID source)?

- What medical ID product did you purchase with tag4life's financial help (show ID on camera)?

- Would you recommend using tag4life's services if you're looking for a medical ID?

- Yes
- No

- Anything else you want to mention?
