*By signing this waiver I**give the* ***[Hospital Name]*** *the right to use my testimonial (or photo) provided for reproduction in any medium including but not limited to; website, video, broadcast, print, and electronic means for purposes of advertising, trade, display, exhibition or editorial use.  Further, you also (i) agree to release* ***[Hospital Name]*** *from all claims for libel, slander, invasion of privacy, infringement of copyright or right of publicity or any other claim and (ii) confirm that you are over the age of 18 years old.*