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# Consent To Photograph, Video, or Record Form

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Requesting Organization/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Organization Representative/Individual Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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I, \_\_\_\_\_, a current resident at/of \_\_\_\_\_ hereby authorize the above organization or individual to:

photograph me

video me (Check the ones that apply)

record my voice

for the purpose of promoting to the community at large their work and the volunteer needs and the cause of residents and staff of care facilities.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Responsible Party Signature (if applicable): \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_ Date: \_\_\_\_\_

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Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_