

Consent Form for use of Photographs by Eastern Regional Wellness Coalition

I, _____, the undersigned, agree to permit the Eastern Regional Wellness Coalition to take and reproduce photographs of

I give the following instructions (circle the applicable provision):

- (1) Given name and surname may be used.
- (2) Given name only may be used.
- (3) Name may not be used and reasonable steps will be taken to ensure anonymity.

Witness

Signature*

Date

Address

Telephone

Relationship to *

* Note

- 1. If the consent form is not signed by the individual in the photograph(s), the relationship of the individual to the person signing must be stated.
- 2. If the individual is under 19 years of age, the parent/person who has lawful custody of the individual must sign the form.