



Release for Photo/Video/Name

Sign either "A" or "B" below:

A.)

I _____ **DO HEREBY GRANT PERMISSION FOR** Forward Journey to use my first and/or last name, photograph and/or personal information in publications, photographs, films, tapes, slides, broadcasts, video presentations or other media for publicity, nursing documentation, marketing and/or educational purposes on behalf of Forward Journey and the individuals served.

Name of Person Served (PRINT)

Name of Person Signing (PRINT)

Signature

Relationship to Person Served

Date

Witness Signature

Witness Printed Name

Date

B.)

I _____ **DO NOT HEREBY GRANT PERMISSION FOR** Forward Journey to use my first and/or last name, photograph and/or personal information in publications, photographs, films, tapes, slides, broadcasts, video presentations or other media for publicity, marketing and/or educational purposes on behalf of Forward Journey and the individuals served. I acknowledge and understand that it is my responsibility to advise photographers that I do not wish to be photographed.

Name of Person Served (PRINT)

Name of Person Signing (PRINT)

Signature

Relationship to Person Served

Date

Witness Signature

Witness Printed Name

Date