



**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.

**-OR-**

**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 C.E.R.T.S., Inc. 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