
Consent To Photograph, Video, or Record Form

Requesting Organization/Individual: _____

Address: _____

City, State, Zipcode: _____

Phone: _____

Organization Representative/Individual Signature: _____

Date: _____

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: _____

Responsible Party Signature (if applicable): _____

Relationship to Resident: _____ Date: _____

Staff Signature: _____ Title: _____ Date: _____