CONSENT TO PHOTOGRAPH

YOUR NAME:

____________________________________

√ I am a member of *Voices of Hope for Aphasia*.
It is OK to:

___ Take my picture
___ Make a movie of me
___ Record my voice
___ Use my name

Voices of Hope can use these recordings for:

√ Teaching
√ Training
√ Publicity, like brochures, websites

John Q. Public
I agree to let *Voices of Hope for Aphasia* use the items selected above.

Signature:

_________________________________________

Participant

Signature:

_________________________________________

Witness

Date:________________________________________