

The Cheering Voices

CONSENT FOR PARTICIPATION & MEDIA RELEASE

Participant's Name:
Facility:
Address:

Release of Information:

I hereby consent to participate with and give permission for Cheering for Charity Foundation and The Cheering Voices Program to use my photograph or video in any electronic media, print publication or advertisement intended to promote The Cheering Voices program.

Signature of Individual or Authorized Representative

Date

Print Name of Authorized Representative

Representative's Legal Authority to Individual



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Benefiting those with Alzheimer's and their Caregivers