



My Wish



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## **Photo and Media Release Consent**

I, \_\_\_\_\_ hereby consent to the collection and use of my personal image by photography or video recording, for the purpose of marketing, advertising and promotion in electronic or hardcopy form. This can include newspapers, announcements, bulletins, advertisements and videos that may be circulated publicly through Heartland Hospice Moose Jaw's website or social media sites.

I give this consent willingly and voluntarily.

No personal information, such as names will be used without pre-authorization written consent.

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Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
(Person noted above and giving consent)

Signature: \_\_\_\_\_  
(Person noted above and giving consent)

Alternate Printed Name: \_\_\_\_\_  
(Parent or Guardian if person noted above is under 18 years of age)

Alternate Signature: \_\_\_\_\_  
(Parent or Guardian if person noted above is under 18 years of age)