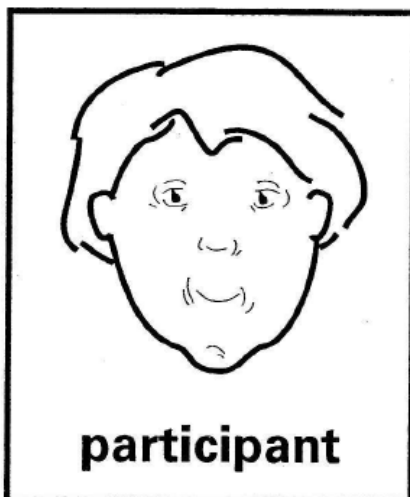


CONSENT TO PHOTOGRAPH



YOUR NAME: _____

✓ I am a member of *Voices of Hope for Aphasia*.

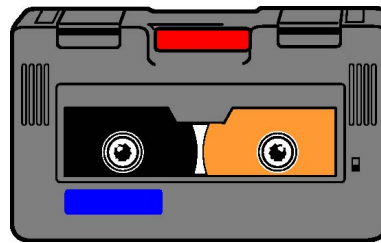
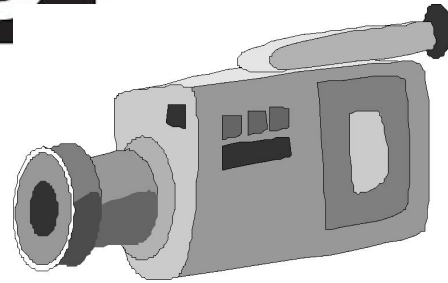


It is OK to:

✓ Take my picture

✓ Make a movie of me

✓ Record my voice



Voices of Hope can use these recordings for:

✓ Teaching

✓ Training

✓ Publicity, like brochures



I agree to let *Voices of Hope* use photographs and recordings of me.



Signature: _____
Participant

Signature: _____
Witness

Date: _____