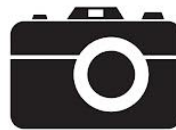


# CONSENT TO PHOTOGRAPH

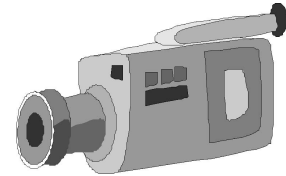
YOUR NAME: \_\_\_\_\_

It is OK to:

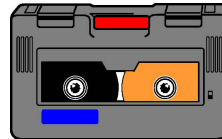
✓ Take my picture



✓ Make a movie of me



✓ Record my voice



*Voices of Hope for Aphasia* can use these recordings for:

✓ Teaching



✓ Training



✓ Publicity, like brochures, website, Facebook posts

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

	<input type="checkbox"/> <b>YES</b> 	<input type="checkbox"/> <b>NO</b> 
	_____	_____

I agree to let *Voices of Hope for Aphasia* use my name in social media such as Facebook, Instagram, Twitter, and others.

	<input type="checkbox"/> <b>YES</b> 	<input type="checkbox"/> <b>NO</b> 
	_____	_____

Signature: \_\_\_\_\_  
Participant

Signature: \_\_\_\_\_  
Witness

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