



# Sheltering Arms Institute

A collaboration with **VCU**Health

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## CONSENT TO NON MEDICAL TREATMENT PHOTOGRAPHS & VIDEOTAPING

**Individual:** \_\_\_\_\_

The undersigned hereby authorizes and consents to interviews, photographs and/or videotaping of the person named above for the following purposes:

- 1) Publication in news media, including newspapers, magazines, newsreel, radio, billboards or television
- 2) Inclusion or other use in mailings, posters, newsletters, pamphlets, brochures, websites, social media and other public relations publications, including those for promotion of Sheltering Arms Institute and its activities
- 3) Recording the statements, appearance or condition of such individual for use in any manner in judicial, administrative or investigative proceedings of any kind, civil or criminal

This consent is intended to release from liability all personnel of Sheltering Arms Institute, as well as the admitting physician, and all consulting and attending physicians, for permitting the taking, use, publication or dissemination of such interviews, photographs or videos.

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**Signature** (or signature of guardian or closest relative)

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**Witness**

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**Date**