

LINCOURT MANOR INC.
MEDIA RELEASE CONSENT FORM

I hereby give permission for _____

to be photographed, video-taped or tape recorded within the nursing home.

I do ()

I do not ()

Do you consent to the media taking photographs, video tapes and recordings of the above named resident during in-house events or events taking place at other nursing homes that may be published in the local news.

() I do consent to media release

() I do not consent to media release

Signature of Responsible Party

Date

For: Lincourt Manor Inc.

Date