



**Pediatric HPCF Program
Media Release Form**

This form *only* needs to be completed if the release section was not completed when submitting an application for the *Small Gift Program or Holiday Gift Program*. This form should *only* be submitted if a photograph or photographs will be submitted to the *Hospice & Palliative Care Foundation* for use in marketing materials. At the *Hospice & Palliative Care Foundation*, we respect the privacy of our patients, and therefore; we will never sell your information or picture (s), and we will never release your name in any of our marketing materials. **All photographs must be submitted to our general information email at info@hpcfoundation.org.**

I, _____, grant the *Hospice & Palliative Care Foundation*, on
(Parent/Legal Guardian/Patient Over Age 18)

behalf of _____, permission to use any photograph (s)
(Patient Under Age 18/Patient Over Age 18)

submitted to info@hpcfoundation.org for any legal use, including but not limited to, publicity, copyright purposes, illustration, advertising, flyers or other printed materials, web content, and grant proposals. Furthermore, I understand that no royalty, fee, or other compensation shall be become payable to the patient or to my family by reason of such use.

Patient's Name (Print): _____

Physical Address of Pediatric Patient (Street, City, State, and Zip) (*No Post Office Box*):
(Do Not Forget Extension i.e. Road, Street)

Parent / Legal Guardian Signature: _____ Date: _____

Note: if the pediatric patient is over the age of eighteen (18) and is legally competent to sign on their behalf, **STOP, DO NOT SIGN HERE, they will sign below.*

Patient Signature: _____ Date: _____