



Resident Informed Consent to Photograph/Videograph & Testimonial

1. Name:

First

Last

2. Email: _____

3. Service(s) Provided

☐ Transportation Assistance

☐ Friendly Visits and Calls

☐ Technical Assistance

☐ Other _____

4. Testimonial Statement (Use the box below to share anything about your Village experience or how it has affected your life.)

5. May we post your testimonial (or a portion of it) for Public Relations purposes (Publications online, print distribution, and internet media platforms)? *

☐ Yes

☐ No

6. May we include your name in your testimonial? *

☐ Yes

☐ No (I prefer to remain Anonymous)

7. May we use your photo/video for Public Relations purposes (Publications online, print distribution, and internet media platforms)? *

☐ Yes

☐ No

8. Consent to Publish Testimonial *

☐ I hereby grant Mill Creek Village the right to use my testimonial as described above.

Date: _____

Signature: _____