



Image/Video Consent & Release Form

Columbus Speech & Hearing is a 501(c)(3) nonprofit organization serving the central Ohio community. Our mission is to unlock potential for individuals with communication challenges through all stages of life.

To continue providing services to those in our community, regardless of their ability to pay, we rely on the generous support of donors, grants, sponsorships and more. In order to reach new audiences, apply for grants and share our message with others, we often utilize images, videos and stories from those who directly benefit from our services to show the impact Columbus Speech & Hearing has had on their lives.

Please fill out the below form to let us know if you are comfortable letting us take photos and/or videos of you/ your child for marketing and fundraising purposes.

PLEASE CHECK ONE:

_____ **AGREE:** By initialing here and signing below, I give permission for Columbus Speech & Hearing to take and use photos of myself or my child for marketing or fundraising purposes.

_____ **DISAGREE:** By initialing here and signing below, I do not give permission for Columbus Speech & Hearing to take and use photos of myself or my child for marketing or fundraising purposes.

PATIENT NAME: _____

GUARDIAN NAME: _____

PATIENT SIGNATURE (if 18 or older): _____

GUARDIAN SIGNATURE (if younger than 17): _____

DEPARTMENT(S): _____

ASL

Speech

Audiology

SSP

Other