

Consent to Release Information

As a participant in Good for the Neighborhood, I authorize Independent Health Foundation, Inc. to release my demographic information and my family's demographic information to the State University of New York at Buffalo Family Medicine Research Institute. I also understand and agree that I and, or my family members may receive mail about health topics or upcoming events sponsored by the Independent Health Foundation, Inc.

Photo Permission Consent

I give permission to Independent Health Foundation, Inc. and all its related entities (collectively "IHF") to videotape, photograph and/or record me and my family or guests, if any, (collectively "we" or "us") while we participate in this event and release identifiable about us and photographs, videos and voice recordings about us to any radio, television, internet or print media and use it for educational or promotional purposes. We agree that no compensation will be paid to us by the IHF, any third party, or any other person for use of our images or voice recordings. This information may be used by IHF and any media entity IHF releases our information to indefinitely. We can revoke this permission at any time by calling IHF at (716) 635-4959. We understand that this consent is voluntary and whatever we decide will not affect our participation in this event. We release IHF, its officers, directors, employees, agents and assigns and any other person involved in this event from any and all liability which may or could arise from use and/or disclosure of any of our videotapes, photographs, and/or recordings.

Name: _____

Signature: _____ Date ____/____/____

Change of address or phone number

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____