



### Volunteer Consent to Photograph

1. I, \_\_\_\_\_, understand that the photographs and/or interview taken are to be used by the Volunteer Services Department. I freely give my permission for the use of said photographs and/or interview, as well as the use of my name. I hereby release UNC Health Rockingham, personnel, Medical and Dental Staff, and photographer from any liability in this connection.

2. I understand that I can revoke my permission to use photographs and/or interviews prior to publication submission by contacting the Volunteer Services Department at UNC Health Rockingham at 336 627-6180.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian