

**PERSONAL INFORMATION AND/OR PHOTO
CONSENT/RELEASE FORM**

I, _____, agree to allow SunCoast Blood Bank to use my photo and/or medical/personal information, or that of my minor child, in printed and multimedia materials for promotional or fundraising use. I further release the blood bank from any obligation to pay me for the use of my photo and/or personal information in these materials.

Signed,

Signature

Date

Print Name _____

Print Name of Minor Child (if applicable) _____

Witnessed By _____

Date