

# HOSPICE OF GARRETT COUNTY, INC.

---

## PUBLICITY AND INFORMATION CONSENT TO RELEASE

Date: \_\_\_\_\_

To whom it may concern,

I hereby grant my permission to Hospice of Garrett County, Inc., to release my name, information, and/or photograph for the purposes of publication and public information which may further the causes of Hospice care and public awareness. I also grant my permission to the media outlet(s) who has (have) an interest in publishing my name and/or photograph to do so as deemed appropriate and beneficial to promote the causes of Hospice of Garrett County, Inc.

I understand that the permission granted herein may be rescinded by me in writing at any time in the future with or without cause.

Sincerely,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Witness \_\_\_\_\_