



**The Regional Cancer Center
2500 West 12th Street
Erie, PA 16505**

Consent for Photography / Videotaping

I hereby give my consent to have photographs, videotaped images, or other images made of myself or my family member and/or consent to interviews with a member of the news media or a representative of The Regional Cancer Center. I understand and agree that these images may be used by the news media or by The Regional Cancer Center for the purpose outlined below:

Center newsletters, brochures, websites and other promotional outlets as determined

Printed Name _____

Signature _____

Date _____

Location The Regional Cancer Center

Witness _____

Legal Representative _____

Relationship _____

MR# _____