

PARTNERS FOR RURAL HEALTH IN THE DOMINICAN REPUBLIC

RELEASE AND AUTHORIZATION TO PHOTOGRAPH, FILM, VIDEOTAPE AND AUDIOTAPE

Please check in the box below and sign your name on the line below if PRHDR has your full permission to:

[] photograph, film, videotape and audiotape you so that it can be included in our publications which are distributed to the public, for use on our website at www.prhdr.org and for use in our electronic or printed newsletter.

I understand that once my image is posted on PRHDR's website, the image can be downloaded by any computer user. Therefore, I agree to hold harmless from any claims the following:

[X] PRHDR's Board of Directors

[X] All Employees and Volunteers of PRHDR

PRHDR also reserves the right to discontinue use of photos and information about me without notice.

A photocopy of this authorization shall be as valid as the original.

First name: _____ Last name: _____

Date: _____

RELEASE AND AUTHORIZATION TO RECEIVE THE PRHDR NEWSLETTER

[] Please check here if you would like to receive the PRHDR e-newsletter that reports on recent missions to the Dominican Republic and news of interest for our former participants.

_____ is the e-mail address I would like PRHDR to use.

Thank you for volunteering for Partners for Rural Health in the Dominican Republic. We look forward to having you join us!