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I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph/video of the use of my name and I hereby release Fairhaven and/or any parties designated by Fairhaven Long Term Care, Peterborough from any such claims.

I certify that I have read and fully understand this consent and release, and that all questions pertaining to this consent have been answered to my satisfaction.

I do not wish my photo to be taken or published.

Initials

Signature: _____

Print Name: _____

Date of Agreement: _____

