



SALT LAKE COUNTY VOLUNTEER SERVICES MEDIA CONSENT

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for publicity and educational purposes in any and all publications and media without limit or
reservation and to disclose my identity as a volunteer of Salt Lake County.

Full Name (Please print) _____

Address _____ City _____

State _____ ZIP _____

Home Phone _____

Work Phone _____

Signature _____

Date ____ / ____ / ____

If you are a legal guardian signing for a minor, please complete this form with your name and print the
minor's name and your relation here:

Minor's Full Name: _____ Relation _____

*Keep copy on file in clinic files

*Provide copy to client

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