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Life Legacy Project Consent Form

By signing below, I indicate that I am a participant in the Life Legacy Project, and that I authorize Mission Hospice & Home Care to share my project for the purposes of training staff and volunteers.

Specifically, I allow Mission Hospice & Home Care to use, without the expectation of any compensation, my name, photographs, videos, and text created as part of my Life Legacy Project. I understand that this information will be stored in a secure manner that will protect my privacy, and that information or images that identify me will not be released and/or used outside the organization unless I, or my legal representative, provide specific authorization for this use below.

I certify that I provide consent to Mission Hospice & Home Care to share my project for training purposes, as described above.

If I die before my Life Legacy Project is complete, **Mission Hospice & Home Care may share my project with my family.**

By checking the box below, I also grant Mission Hospice & Home Care permission to share my name, photographs, videos, text, and other parts of my story with in the general public in the organization's newsletter, annual report, website, and other educational, marketing, and fundraising materials.

In addition, Mission Hospice & Home Care may share my name, images, and story with the public in the organization's educational, marketing, and fundraising materials.

Name _____

Signature _____

Date _____

