

TAVON CENTER

PERMISSION TO PHOTOGRAPH AND VIDEOTAPE

Name: _____

I give permission for the staff of Tavon Center to photograph and/or videotape me while I am at Tavon Center

I understand that these photographs and/or videotapes are to those used solely for the Tavon Center newsletter, website, program photo album or advertising for the program.

Signature: _____

Date: _____

I do **not** agree to the procedures listed above, and do **not** consent to be photographed while at Tavon Center.

Signature: _____

Date: _____