

**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](http://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!