



Release Agreement

Permission to Use Photograph/Story for
Pikes Peak Hospice & Palliative Care/Pikes Peak Hospice Foundation Tribute Program

I, _____, hereby authorize Pikes Peak Hospice & Palliative Care (PPHPC) and Pikes Peak Hospice Foundation (PPHF) to publish images and written material (story/ies) of _____ for use on its website, specifically for its “Tribute Program” web pages. I release all claims of any nature against PPHPC, PPHF, and their agents, employees and representatives, related to the use or distribution of any images, written material, information about me or _____, and any derivative works of any of these.

*** or ***

I, _____, **DO NOT** authorize Pikes Peak Hospice & Palliative Care and Pikes Peak Hospice Foundation to publish images and written material or stories for use on its web site, **and request that** _____’s name be **REMOVED** from the **“Tribute Program” web pages.**

I certify that I am over eighteen (18) years of age.

Name _____ Phone _____
Please Print

Address _____

Signed _____ Date _____