

**LifeShare Of The Carolinas
5000 D Airport Center Parkway
Charlotte, North Carolina 28208
(704) 512-3303**

Consent for Use of Name and Likeness

I, _____, hereby consent to the use of my name and likeness or that of my loved one for the sole purpose of promoting organ and tissue donation. I understand that this use may include but not be limited to photographs, newspaper articles, brochures, displays, television, radio or any other public community relations material.

I authorize the release of my health information or that which acknowledges that my loved one was an organ, eye or tissue donor and waive my right to inspect or approve any materials or news coverage created by the news media, LifeShare or designated entities which may include name, image, photos, likeness or voice.

I hereby acknowledge that this authorization is volunteered without obligation of any kind on the part of LifeShare Of The Carolinas, its employees and designated agents. This authorization is given without hope or expectation of reward or compensation.

Signature

Date

Print Name _____

Name Of Donor/Recipient _____

Street Address _____

City/State/Zip _____

Phone _____

E-Mail Address _____