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**PERSONAL INFORMATION AND/OR PHOTO  
CONSENT/RELEASE FORM**

I, \_\_\_\_\_, agree to allow SunCoast Blood Centers to use my photo and/or medical/personal information, or that of my minor child, in printed and multimedia materials for promotional or fundraising use. I further release the blood center from any obligation to pay me for the use of my photo and/or personal information in these materials.

Signed,

\_\_\_\_\_

Signature Date

Print Name \_\_\_\_\_

Print Name of Minor Child (if applicable) \_\_\_\_\_

Witnessed By \_\_\_\_\_

Date

SCBC Form #06-319  
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