

Healthcare Portraits Release Form

By signing this release, I give permission for Zoë Darling - the artist/organizer of the on-going project known as **Healthcare Portraits** - to take photographs of the image I make and post it to the project's page, located within the artist's website <https://www.zoedarling.info/healthcare-portraits>

Printed Name: _____

Email: _____

Instagram: (only include if you'd like to be tagged) _____

Facebook: (only include if you'd like to be tagged) _____

Signature: _____

Date: _____

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- In addition, I am interested in sitting for a photographic portrait of myself, which will be posted alongside my **Healthcare Portrait** on the project's page, located within the artist's website.
 - I am also interested in sitting for a short audio interview with the artist, to discuss my **Healthcare Portrait** and my experience with the healthcare system. Although I want to share my story, I do NOT want the recording to be shared on the project's webpage. I do give permission for the artist to use parts of my story for general research purposes, understanding that NO personal identifying information will be shared with the public.
 - I am interested in allowing the artist to post the audio interview, beside my **Healthcare Portrait** and/or photographic portrait on the project's page, located within the artist's website.
 - I give permission for my first and last names to be included in the project's webpage.
 - I would prefer that only my first name is used.
 - I would like to remain anonymous.

Thank you for participating in the beginning of this new in-progress project. The artist plans on carving many more rubber stamps. With that in mind, what body parts/systems should be next?