



CONSENT FOR MEDIA RELEASE

I hereby give my permission to the staff of British Columbia Transplant Society to use my letter/personal story/quilt patch for the following purposes:

_____ Education related to organ and tissue donation and transplantation.

_____ Publicity associated with fund-raising, educational opportunities or newsworthy events.

Name

Signature(or signature of parent or legal guardian of minor/incompetent)

Date

Relationship

Witness

Date

If you have any questions, please do not hesitate to contact Kathy Sinclair @ BC Transplant Society. (604) 877-2240 or Toll Free- 1-800-663-6189.