

Gilchrist Hospice Care

# Authorization for Publicity Release

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I grant permission to Gilchrist Hospice Care to use the item(s) below in connection with publicity or promotion or hospice.

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Please note that publicity or promotional use may extend beyond the originally intended purpose\* and does not expire on any particular date.

\*For example: Photos and/or quotes may be used in internal and external publications, communications, publicity releases, etc.

**Compensation:**

Additionally, I understand that I will not be compensated for this or any use.

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