



Allegheny Health Network

**Canonsburg
Hospital**

**CONSENT TO RELEASE PHOTOS TO
ALLEGHENY HEALTH NETWORK**

I give Allegheny Health Network permission to display my photos or Testimonials. Please indicate below if you would like to participate in the wall collage, photo album, website, or all three.

_____ Wall Collage

_____ Photos

_____ Photo Album

_____ Testimonials

_____ Website

_____ All of the above

Signature _____ Date _____