

**New Jersey Department of Military and Veterans Affairs
New Jersey Veterans Memorial Homes (VMH)**

CONSENT FOR RESIDENTS TO BE PHOTOGRAPHED

Print Name of Resident

I, (print name): _____ hereby give my consent and approval to have photographs of the above named resident taken by the New Jersey Department of Military and Veterans Affairs (hereafter DMAVA), and the **New Jersey Veterans Memorial Home (VMH)** at **Paramus - Menlo Park - Vineland** (please circle one).

Mandatory: A full-face photograph of each resident is to be taken and utilized for **identification purposes** in the resident's medical record (medical chart) and the resident's medication administration record (MAR).

Please initial the boxes below to indicate agreement with the following two provisions:

In addition, any part of the resident's body where pressure sores or other types of conditions may have developed may also be photographed solely for the purposes of medical review and treatment.

I acknowledge that photos or videos may be used in print, video, social media or websites for the purpose of focusing public attention on the area of Veterans' Health Care, and to stimulate greater public interest in the needs and activities of the State's Veterans Memorial Home (VMH) residents and the services provided to them.

I realize that in signing this consent form, I hereby release and discharge the State of New Jersey, the New Jersey Department of Military and Veterans Affairs (DMAVA), and the New Jersey Veterans Memorial Homes (VMH), its agents and employees from any and all liability, claims or demands, in law or in equity, that I might have against any of them by reason of such photography and subsequent use thereof by the DMAVA or the VMH.

Resident's or Responsible Person's Signature

Date

Please PRINT Resident's or Responsible Person's Name

Date

Witness' Signature

Date