

PENNSYLVANIA HEALTH INSURANCE EXCHANGE AUTHORITY (PENNIE)
312-318 MARKET STREET, FLOOR 3
HARRISBURG, PA 17101

CONSENT TO USE OF PICTURE AND/OR VOICE

(PLEASE PRINT)

I, the undersigned, residing at

Address _____

City _____

State _____

I do hereby give my written consent to Pennie, 312-318 Market Street – 3rd Floor, Harrisburg, Pennsylvania, to use my image and/or voice for slide or film/video tape purposes including the use of said images on television, world wide web and in magazines and newspapers, wherever, whenever, and in whatever manner they shall desire, consistent with good taste which will not be derogatory, degrading or detrimental to me in any way. I understand that I will not receive any compensation, neither now nor in the future, for the above.

WITNESS: My hand and seal this _____ day of _____ 20_____.

(Sign Here) _____

(Print Here) _____

WITNESS _____

(If this consent is granted by a person less than 21 years old,
it should also be signed below by parent or guardian).

I hereby individually and as (parent) (guardian) of the
above consent to the foregoing.

(Sign Here) _____

(Print Here) _____

WITNESS _____

CLIENT _____