

Consent Form  
To Tell Your Stories  
2007

**Compassionate Hands From Around The World Series**  
**www.dennisonassociatesinc.com**

Caregivers come in all shapes and sizes. Our needs are as varied as we are. Some have formal education, some have life education, some are born to serve, some serve out of a sense of duty, some can savor the opportunity, and others begrudge the day. It is of future interest, what we all can do to further support one another as we continue to give whatever our best self is to make the world a better place.

If you choose to assist me on this journey, your helping hands story and photo will be used in greeting cards, calendars and caregiver trainings. Secondly, it may be used in a chapter in future publications. I hope to continue to produce products with valuable life suggestions, which could be passed on to other caregivers to lighten their load. Therefore, if you are or have ever taken care of another I would welcome your wisdom. You will be among moms, dads, brothers, sisters, doctors, nurses, aides, social workers, psychologists, teachers, and ministers who will have the opportunity to participate in sharing your stories.

Please take a digital photo of your helping hands and include your caregiving story and some tips that you use to keep stress free while caregiving. You may e-mail them to: [info@dennisonassociatesinc.com](mailto:info@dennisonassociatesinc.com).

You may mail them to Dennison Associates, Inc.  
97 South Liberty Street  
Powell, Ohio 43065

Do not forget to electronically or paper sign this consent, without the consent we regret that your information will not be used. **Your information will not be returned to you.**

I do not wish to infringe on anyone's private memories. Please know that often our hardships, when shared, can ease someone else's burden. Your participation is voluntary.

**Consent**

I fully understand and give permission for my stories to be used by Dr. Barbara Jo Dennison. I agree to hold harmless this author now and in all future documentation that she may produce with this information. There will be no reimbursement for this information.

I agree to participate in this caregiver story telling and agree for my information, (story and hands photo) to be used in any future documents or presentations by this author. My initials will be used on my story.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to participate by telling my story; however, I do not want my initials to be used. The picture of my hands can be used.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_