**Listening Session Participation Consent Form**

You are invited to participate in a listening session hosted by the 1889 Jefferson Center for Population Health. The purpose of the listening session is to obtain feedback on community health programs and priorities in Cambria and Somerset counties. Your participation in this listening session is entirely voluntary and you may withdraw at any time. Your name and information will not be identified in any of the information we gather.

I/We hereby give consent for my feedback to be included as part of the listening session. I/We understand that the information will be used solely to improve health and wellness initiatives and outreach in Cambria and Somerset counties. I/We understand that my/our personal details will not be used.

Name of Person (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*Person signing must be 18 years of age or over