Share your Success!

Have a success story? Tell the world about it.

Write your story here. Please consider: How have chronic conditions impacted your life? What have you gained by completing the Living Well program?

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Utah Department of Health

Media Consent Form

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☐ Photograph ☐ Videotaped Image ☐ Quotes/Comments ☐ Name

for publicity and educational purposes in any and all publications and media without limit or reservation.

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If you are a legal guardian signing for a minor, please complete this form with your name and print the minor's name, age and your relation here:

Minor's Full Name: _____
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