



PHOTO RELEASE FORM

I, _____, resident and/or responsible party who resides at Golden Age Home, agree to the following:

I understand that I may be photographed during everyday routine activities or hours, field trips, special events. I understand that these photographs may be used in promoting Assisted Living services, either in print or on the Internet.

With my signature below I grant permission to be photographed, or my images recorded for print or electronic use in promoting Golden Age Home services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during until revoked. I understand that there will be no payment for me or my family for participation in this release.

Resident or Responsible Party Signature _____

Date _____

Relationship To Resident _____