RESIDENT PHOTO, VIDEO, & MEDIA RELEASE FORM

1. Resident and Authorized Representative Information

- Resident's Full Name: _____
- Facility Name: _____
- Name of Person Signing (if other than Resident): _____
- Relationship to Resident (Self, Power of Attorney, Legal Guardian): _____
- Contact Phone: _____ Email: _____

2. Grant of Authorization

I hereby grant **[Name of Elder Care Facility]**, its employees, agents, and assigns, the absolute and irrevocable right and permission to photograph, video-record, audio-record, or otherwise capture the likeness and voice of the Resident named above (collectively, the "Materials").

3. Scope of Permitted Use

I understand that these Materials may be used for the following facility-approved purposes (check all that apply or adjust as needed):

- **Internal Communications:** Newsletters, resident directories, or in-house community displays.
- **Public Relations & Marketing:** Brochures, printed promotional materials, and local press releases.
- **Digital & Social Media:** The facility's official website, social media pages (e.g., Facebook, Instagram), and online newsletters.
- **Educational/Training:** Staff training or presentations on elder care activities.

4. Terms and Conditions

- **No Compensation:** I understand and agree that the Resident will receive no financial compensation, royalties, or payment of any kind for the use of these images or recordings.
- **Release of Claims:** I release the facility, its directors, and its staff from any and all claims, liabilities, or demands arising out of or in connection with the use of the Materials.
- **Revocation Rights:** I understand that I may revoke this authorization at any time by submitting a written notice to the facility's administration. However, revocation will not apply to any materials already published or distributed prior to receipt of the notice.

5. Signatures

If the resident is competent and signing on their own behalf:

Resident Signature: _____ **Date:** _____

If the resident has a legal guardian, power of attorney, or designated surrogate who must sign on their behalf:

- **Representative Signature:** _____ **Date:** _____
- **Authority to Sign (Attach documentation if required):** _____