**PHOTOGRAPH AND TESTIMONIAL RELEASE**

As the authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(Print Resident Name)*

 I authorize ***(Name of Facility Here)*** to take the resident’s photograph as identification for the following purposes: 1) general safety and security, 2) to be placed in the clinical and administrative files, and 3) to be placed in the Medication Administration Record (MAR). I acknowledge that the community utilizes recorded video throughout various common areas for the purpose of safety/security.

 I further acknowledge that photographs, videos, audio recordings and/or testimonials are commonly used for the purpose of advertising, promoting and marketing ***(Name of Facility Here)*** and will indicate with my initials below in which media these images may be used:

1. Community Newsletter **Authorize**\_\_\_\_\_ **Do NOT Authorize**\_\_\_\_\_
2. Print Brochures/Advertising **Authorize**\_\_\_\_\_ **Do NOT Authorize**\_\_\_\_\_
3. Social Media (websites, Facebook, Instagram, Twitter, etc.)

**Authorize**\_\_\_\_\_ **Do NOT Authorize**\_\_\_\_\_

I waive all rights to ownership and/or compensation for the use of such images and/or messages.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsible Party Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsible Party Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Rep Name/Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date