

Photo Consent and Transportation Authorization

I, _____, do hereby give employee of Croghan Adult Day Facility, LLC of Croghan, NY the exclusive irrevocable rights to take photographs, films, or video of _____ and use these photographs, films, videos, or names for the purposes of display or publicity/advertising for Croghan Adult Care Facility.

I expressly release Croghan Adult Care Facility from all liability for claims and demands arising out of use of photographs or other information pursuant to this authorization.

I have read and fully understand the above and

I Give Croghan Adult Day Facility, LLC permission **YES/NO** to take _____ out into the community to be involved in the day center activities

Check appropriate box (es)

<input type="checkbox"/> Wish to participate
<input type="checkbox"/> For display within of Croghan Adult Day Facility, LLC facilities
<input type="checkbox"/> For of Croghan Adult Day Facility, LLC publicity/advertising
<input type="checkbox"/> Do not wish to participate

The undersigned also certifies that he/she is over the age of eighteen, or that he/she is the parent, guardian, or authorized representative of the individual named above.

Name (Please Print): _____

Signature: _____ Date: _____

Relationship of Signer: ___ Self
 ___ Parent
 ___ Guardian
 ___ Other Authorized Representative

Organization's Representative: _____