




Photograph Release Form

For Residents of {NAME OF FACILITY}

 Resident's Name: _____

 Date: _____

 Apartment/Room Number: _____

Permission to Use Photograph on Social Media

I, the undersigned, hereby grant permission to {NAME OF FACILITY}, hereinafter known as "the Facility," to take and use photographs and/or digital images of me for use in social media platforms including, but not limited to:

Facebook

Instagram

Twitter

Facility's Website

Consent

I understand that my image may be edited, copied, exhibited, published or distributed for the purposes outlined above. I also understand that there will be no financial compensation for the use of these images.

Release

I hereby release the Facility, its employees, and any third parties acting under its permission from all claims and liability relating to said photographs and/or digital images.

Optional Restrictions

Please list any restrictions on the usage of your photographs:

Acknowledgment

I have read and understood the terms of this Social Media Photography Release Form.

Resident's Signature: _____  _____

If Resident is unable to consent:

Legal Guardian's Name: _____

Legal Guardian's Signature: _____  _____