

ALPS Adult Day Services
PHOTO RELEASE FORM

participant name: _____ start date: _____

I hereby give permission for the ALPS Adult Day Center staff and/or a designated volunteer to:

(*check each box to which you agree)

- Take a photograph of my loved one
- Videotape my loved one
- Record my loved one's voice
- Use my loved one's artwork (or a reproduction thereof)

Furthermore, I authorize the use and reproduction of these for publicity and/or educational and/or informational purposes without compensation to me or to my family member. All copies and negatives shall constitute the property of ALPS Adult Day Services.

caregiver signature: _____ date: _____

caregiver name (printed): _____ date: _____

witness signature: _____ date: _____

*Please note: Failure to agree to any other items on this release form WILL NOT affect your loved one's participation in the program.