

## Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness, and the sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographical area. Additionally, I understand that the photographic or video recordings of me may be electronically displayed via the Internet or in a public setting, and that there is no time limit on the validity of this release.

Photographic, audio or video recordings may be used for:

- volunteer training/educational material
- conferences & symposia
- National Alzheimer's Buddies promotional material

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against National Alzheimer's Buddies for utilizing this material for educational purposes.

(sign on the next page)



## Photograph & Video Release Form

Full Name of Resident:	
Street Address/P.O. Box:	
City:	
Postal/Zip Code:	
Phone:	Fax:
Email Address:	
Signature:	Date:
(If applicable)	
Legal Guardian's Signature:	
Data	