



**Age in Place
Home Care**

When Quality and Dependability Matter Most

PHOTO RELEASE FORM

I, Angelina Rogue with DOB 1/27/51 who resides at Bethlehem, P.A. grant permission and consent **Age in Place Home Care** for the use of the following photograph(s) as identified below for presentation under any legal condition, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content:

Describe Photo(s)

- I understand that there shall be no payment for this release.

- I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

- I understand that I may revoke this authorization at any time by notifying the Releasee in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions.

Releasor's Signature Angelina Rogue Date 6/28/23
Print Name Angelina Rogue Date 6/28/23



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Home Care**

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PHOTO RELEASE FORM

I, Angeles Riverz with DOB 2/24/12 who resides at Bethlehem, P.A. grant permission and consent **Age in Place Home Care** for the use of the following photograph(s) as identified below for presentation under any legal condition, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content:

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We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions.

Releasor's Signature *Michelle Laoreano* Date 6/28/23

Print Name Michelle Laoreano Date 6/28/23