HOME CARE ALLIANCE of MASSACHUSETTS
www.thinkhomecare.org

Release Form for Photographs

I, the undersigned, do hereby consent and agree that my photo be taken. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to The Home Care Alliance of Massachusetts, its agents, and employees all rights to exhibit this work in print, electronically, publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever publication used.

I understand that there will be no financial or other remuneration for photographing me.

I also understand that The Home Care Alliance of Massachusetts is not responsible for any expense or liability incurred by me as a result of this release.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name:

Date:

Signature:

Address:

Phone: