

**A Home for the Day Adult Day Service
Photograph Release**

I, _____, hereby grant permission to A Home for the Day Adult Day Service, to use photographs taken of me for the following purposes:

Program Use: _____ Yes _____ No

(My picture may be used on bulletin boards and in memory albums at the Program facility)

Promotional Use: _____ Yes _____ No

(My picture may be used for brochures, publications, social media or educational programs)

All photos have prior approval by the Director of A Home for the Day Adult Day Service.

Participant's Signature

Date

Caregiver/Guardian Representative

Date

AHFD'S Staff Signature

Date

