



## ROYAL PALM ADULT DAY CARE CENTER

### PHOTO & MEDIA RELEASE AUTHORIZATION

#### Participant Information

Participant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Start of Care (SOC) Date: \_\_\_\_\_

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#### Authorization

I hereby grant permission to Royal Palm Adult Day Care Center, Inc. to photograph, video record, or otherwise capture images of the participant named above while participating in program activities.

These images or recordings may be used for **internal purposes**, educational materials, program documentation, and, if authorized below, promotional or marketing materials such as flyers, social media, website content, or other outreach efforts.

Participation in photographs or media recordings is **voluntary** and **not a condition of receiving services**.

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#### Media Use Authorization (check one)

I **authorize** the use of photographs and/or video recordings for promotional and marketing purposes.

I **do NOT authorize** the use of photographs and/or video recordings for promotional and marketing purposes.

(Internal documentation and care-related use may still occur regardless of the option selected.)

**Revocation**

I understand that this authorization may be revoked at any time by submitting a written request to Royal Palm Adult Day Care Center, Inc. Revocation will not affect any media already produced or distributed prior to receipt of the written request.

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**Acknowledgment & Signature**

By signing below, I acknowledge that I have read and understand this authorization and that I am signing it voluntarily.

Participant / Legal Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Participant (if applicable): \_\_\_\_\_