



AUTHORIZATION FORM FOR USE AND RELEASE OF PHOTOGRAPH/VIDEO/INFORMATION

I hereby grant the South Carolina Home Care & Hospice Association (SCHCHA) permission to the rights of my image, likeness and sound of my voice as recorded on audio or video 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. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I hereby waive any right that I may have to inspect or approve the finished product or the advertising copy or printed matter that may be used in connection with the media or the use to which the media may be applied.

Photographic, audio or video recordings may be used for the following purposes.

- Social media
- Website
- Newsletter
- Mailer
- Electronic media
- Radio
- Television
- Promotional materials
- Newspaper
- Press release
- Advertisements

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in any of the media outlets listed above.

I will be consulted about the use of photographs or video recordings for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

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 and hold harmless all claims against any employee of or the South Carolina Home Care & Hospice Association (SCHCHA) using this material for media purposes.

Full Name: _____

Street Address: _____

City: _____

State: _____ Postal Code: _____

Phone: _____

Email: _____

Signature: _____ Date: _____