



Iowa Health Care Association  
Iowa Center for Assisted Living  
Iowa Center for Home Care

Image number: \_\_\_\_\_

## PHOTO RELEASE FORM

I hereby grant Iowa Health Care Association permission to use my likeness in any photograph or video in any and all of its publications, including television commercials, print advertisements, website and social media entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Iowa Health Care Association and will not be returned. I hereby irrevocably authorize the Iowa Health Care Association to edit, alter, copy, exhibit, publish or distribute any photos or videos for purposes of publicizing the Iowa Health Care Association's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video. I hereby hold harmless and release and forever discharge the Iowa Health Care Association from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am eighteen years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

If the person signing is under age eighteen, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)