



LETHBRIDGE
Senior Citizens
ORGANIZATION

Adult Day Program Consent for Photo/Video/Media Release

Individual's Name: _____

I, _____ or legal guardian for the above named individual, do hereby authorize and grant permission to having photographs taken for in-house or individual use only.

I, _____ or legal guardian for the above named individual, do hereby authorize and grant permission to having photographs, videos or any media releases to be used for in-house, individual use or in the community.

I, _____ or legal guardian for the above named individual, do **not** authorize or grant permission to having photographs, videos or media releases.

Signature of Guardian

Date
