



# Pennsylvania Health Care Association

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## Authorization & Release Form Video, Film, Photography and Written Compositions

I hereby authorize the Pennsylvania Health Care Association ("**PHCA**"), the Center for Assisted Living Management ("**CALM**"), PHCA/CALM member long-term care facilities, their successors, assigns, affiliates, agents, employees, staff members, residents, volunteers and/or resident families, as applicable, to take photographs, make videotapes, films, sketches or recreations of my likeness, conduct recorded interviews, reprint copies of compositions, statements, letters and quotations (hereinafter the "**media materials**").

I further authorize PHCA, its successors and assigns, to use and reproduce the media materials for marketing, advertising, educational and promotional purposes and such other uses as PHCA, its successors and assigns, may from time to time elect in its sole discretion. Such uses may include, but are not limited to, articles or advertising in newspapers, magazines, billboards, posters, catalogs, brochures, electronic media, television, web sites, presentations and publications by any means whether now existing or to be developed.

I understand that I may revoke this Authorization and Release at any time in writing, except to the extent that PHCA, its successors and assigns, have already taken action in reliance upon this Authorization. I understand that once the media materials are used, reproduced and/or released as described above, they may be subject to re-use or re-disclosure by third parties because they are no longer protected by federal privacy laws. I further understand that PHCA, its successors and assigns, have no control over re-uses or re-disclosures and as such, are not responsible for third-party unauthorized use and cannot be held liable for any injuries, damages or losses whatsoever caused thereby.

I expressly agree that any and all media materials created by PHCA pursuant to this Authorization and Release are the sole property of PHCA, its successors and assigns, and I release PHCA from any claim for title, ownership, possession, compensation or other rights in the media materials or any use by PHCA, its agents, employees, successors or assigns.

I have executed this Authorization and Release on behalf of my heirs, executors, assigns and myself on the date shown below. I have voluntarily executed this agreement on my own free will after review of its terms, have had the opportunity to ask questions, which have been answered to my satisfaction, and certify that I understand and agree to the terms hereof.

This Authorization and Release shall expire 10 years from the date executed, unless earlier revoked.

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Type or print name

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Signature Date

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Name of Community/Facility

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Signature of Witness Date

This document shall be kept on record for at least six years from the date above.