



**Rae's Playze Adult Day Center**  
SEEING THROUGH THE EYES OF OTHERS

## Photo Release Form

I hereby give permission for the RPADC Adult Day Center staff and/or a designated volunteer to: (\*check each box to which you agree)

- Take a photograph of my loved one
- Videotape my loved one
- Record my loved one's voice
- Use my loved one's artwork (or a reproduction thereof)

Furthermore, I authorize the use and reproduction of these for publicity and/or educational and/or informational purposes without compensation to me or to my family member. All copies and negatives shall constitute the property of Rae's Playze Adult Day Center

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please note: Failure to agree to any other items on this release form WILL NOT affect your loved one's participation in the program. This consent will be valid one year for the date of signature.*