



## ***Marketing Release Form***

### Permission to Use Testimonial, Photograph and/or Video Images

I, the undersigned, grant to Caring for People Services, its representatives and employees, the right to use my testimonial and/or to take photographs and/or video images of me which may be used with or without my name for any lawful purpose, including publicity, illustration, advertising and Web content.

I agree to waive any right to and demand for compensation or other consideration for said rights. No promises have been made to me in exchange for my signature below.

I hereby release Caring for People Services, its representatives and its employees, from any and all claims for damages, libel, slander, invasion of the right of privacy, or any other claim based on the use of said testimonial, photographs and/or video image.

I have read and understand the above:

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(If under age 18)

Date \_\_\_\_\_