[Enter facility name or logo]
Adopt A Grandparent Program

Participation, Photo and Video
**PERMISSION GRANTED**

I hereby allow my child to participate in the Adopt A Grandparent Program. I also grant and authorize the [facility name] to use and release the
 1) negatives, prints, film, digital files, audio recording
 and/or video tapes of my child, and
 2) articles written about my child as a result of an interview
 with a [facility name] employee.

I understand these images and files will be used only for educational, promotional and public information purposes.

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 Parent/Guardian’s Name & Signature

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Group Leader’s Name & Signature

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Date

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Date