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## MEDIA RELEASE

I hereby authorize Helping Hands Adult Day Services and any of its employees or agents to take photographs, tape recordings, or videos for the use of program activities, media coverage, and/or advertising (commercial, promotion, public services announcements, or programs). My name, portrait, or likeness may be used.

In giving this consent, I hereby release Helping Hands Adult Day Services, its officers, directors, shareholders, agents, employees, and assigns from any liability for any violation of any personal, privacy, or property rights that I might have in connection with my appearance on such program or promotion, and waive any right to approve accompanying written or narrative material.

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Participant/Guardian Signature

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Printed name of above

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Date