



Date: _____ Email: _____

**EMPLOYEE PHOTOGRAPH, VIDEO RELEASE, STORY OR OTHER
for the below named individual(s)**

EMPLOYEE (PROVIDER) NAME: _____

YOUR NAME: _____ RELATIONSHIP: _____

I, the undersigned, as the parent and/or legal guardian of the above-mentioned individual(s) and/or myself, do hereby give permission for the taking of photograph(s) and/or video(s) of the above and below mentioned individual (Employee/Provider) BY Affinity Family Care, LLC, its officer(s), employee(s), provider(s), direct care employee(s), and/or manager(s). I agree, permit, allow and give full authorization/permission for Affinity Family Care, LLC, its employees, providers, direct care employees, and/or managers to use any/all Photograph(s), Video(s), stories or other of the above referenced individual (Employee/Provider) in any and all of Affinity's publications and social/public media to include but not limited to website entries, social media (Facebook, Instagram, etc), brochures, business cards, marketing materials etc. I hereby authorize the use of photographs, Videos, Stories or other whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the Photographs, Videos, Stories or other. I also give permission for the photographs and/or videos to be utilized/publicized in marketing materials to include but not limited to electronic media/advertising to companies not a part of Affinity Family Care, LLC as deemed appropriate by Affinity Family Care. I hereby irrevocably authorize Affinity Family Care, LLC and its employees, providers, direct care employees and managers to edit, alter, copy, exhibit, publish or distribute any photographs, videos, stories or other for purposes of publicizing Affinity Family Care, LLC's programs, marketing materials or for any other purpose to include for marketing materials not a part of Affinity Family Care, LLC. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

By signing below, I release and hold harmless Affinity Family Care, LLC and its officer(s), employee(s), provider(s), direct care employee(s), manager(s) and representatives from ANY/ALL liability that could result out of the use of stories, other, photograph(s) and/or video(s) being taken, edited, altered, copied, exhibited, published or distributed of any/all individual(s)/Employee(s), to include those listed above. I also voluntarily agree and understand that these photograph(s), stories, other and videos may be used for commercial reproduction and that other general/public individuals will be able to view and/or have access to the photographs.

I am at least 18 years of age and have read this release. By voluntarily signing below, I agree to all terms of this agreement. I agree and understand that I can revoke this authorization at any time by written notice to Affinity Family Care, LLC.

NAME OF EMPLOYEE (Provider) PRINTED

SIGNATURE: