



### Release of Volunteer Image in Photos and Video

This signed release grants authorization for Hillcrest to share and promote the generous activities of our volunteers who strive to enhance the lives of our customers and their families:

\_\_\_\_ (1) I grant permission for Hillcrest to take and/or use photographs or video of me participating in volunteer events for display in the facility/residence, publishing in Hillcrest newsletters or on Hillcrest social media.

\_\_\_\_ (2) I grant permission for Hillcrest and its approved vendors to take and/or use photographs or video of me participating in volunteer events for use in marketing materials and advertising, including but not limited to brochures, website, posters, paid advertisements, DVDs and third-party websites (such as Google business pages or Yelp). I agree these images may be used to promote any of Hillcrest's affiliated service lines.

I have reviewed and hereby authorize the releases above without limitation unless disclosed here:

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This authorization expires ten (10) years from the date signed below.

I understand I have the right to change my mind about this authorization at any time. Should I revoke these authorizations by contacting the facility administrator and completing a Revocation of Authorization form, I understand it shall have no effect on the previous actions taken by Hillcrest prior to the Revocation.

I acknowledge that by signing below, all of my questions were satisfactorily answered and that I am signing this Authorization voluntarily.

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Signature of Volunteer, or Parent/Legal  
Guardian (if minor)

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Date

*If signature above is other than Volunteer's, please complete the information below:*

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Printed Name of Parent/Legal Guardian

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Relationship to Volunteer

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Signature

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Date

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Phone number

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Email address