



PHOTO RELEASE FORM

Camila Torres with DOB 02/15/2011 who resides at Allentown PA grant permission and consent Age in Place Home Care for the use of the following (photographs) as identified below for presentation under any legal condition, including but not limited to publicity, copyright purposes, distribution, advertising, and web content.

My daughter Camila won a prize  
Describe Photo(s)

- I understand that there shall be no payment for this release.
- I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.
- I understand that I may revoke this authorization at any time by notifying the Releasee in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

We, the Releasee and Releasee, understand and agree to the aforementioned terms and conditions.

Releasee's Signature [Signature] Date 06/15/23  
Print Name Elizabeth Torres Date 06/15/23