



**Authorization for Photography, Audio and Video Recordings  
For Publicity, Marketing and Fundraising Purposes**

**FOR ELWYN EMPLOYEES ONLY**

I hereby authorize Elwyn, any of its affiliated entities or media representatives to create, use, distribute and publish (electronically and otherwise) photographs, videotapes, digital and other images and/or audio recordings of my image and/or voice for the reasons described below:

- For fundraising purposes
- For marketing purposes
- For publicity or public relations purposes
- For educational purposes

I understand that my name, picture or other details that would disclose identity may be revealed.

I understand that Elwyn (or the Elwyn affiliate or media company creating the image or recording) will own these images and recordings and that I will not be entitled to any royalties or other compensation for authorized uses thereof. I further understand that these images and recordings may be re-disclosed by third-parties who receive them pursuant to the terms of this authorization.

This Authorization shall be valid indefinitely unless revoked by me. I may revoke or withdraw this Authorization at any time by notifying \_\_\_\_\_ at \_\_\_\_\_ . Such withdrawal of Authorization must be made in writing.

Withdrawal of Authorization does not affect any information disclosed prior to the written notice of withdrawal.

I release and hold harmless Elwyn, its staff and employees from any and all claims or causes of action that I may have of any nature whatsoever, which may in any manner result from the use of the image and/or recording.

By signing below, I am indicating that I have read and understand the "Authorization for Photography and Audio and Video Recordings for Publicity, Marketing and Fundraising Purposes" form. My questions regarding this Authorization have been answered.

I request that you do not interview or photograph me.

\_\_\_\_\_  
Name (Printed Name)

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date