

Permission to Photograph

The foregoing parties hereby acknowledge this as part of the original resident admission agreement which was executed between these parties, dated _____

The facility will be photographing residents for the following reasons:

- New Resident File Photo
- Parties and Holiday Events
- Accident or Injury to Resident

These photos will be considered confidential and will not be used for public use.

Signature of Resident

Date

Signature of Responsible Party

Date

Signature of Facility Representative

Date