



Photo, Audio, Video, and Life Story Consent and Release Form

I, _____, hereby give Cassia and its affiliates and agents (collectively "Cassia") my consent and authorization to procure, produce, and use my likeness, image, voice, appearance, quotations, and/or life story, including identifying information and including my room, apartment, other personal space, quotations and my personal property ("My Information"), as such may be embodied in photos, video recordings, audiotapes, digital images, text, and the like, on behalf of Cassia activities, so long as the procurement, production, and use are consistent with all applicable laws.

I agree that Cassia shall have full ownership of My Information, including the copyright, and may use it for any purpose consistent with Cassia's mission, so long as the use is consistent with all applicable laws. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, pamphlets, booklets, readings, and any publication, distribution, promotional or educational materials in any medium now known or later developed, including the Cassia website, Facebook page, YouTube Channel, other social media and other web-based media. Purposes consistent with Cassia's mission include, but are not limited to, educational, promotional, recruitment or fund-raising purposes.

I acknowledge that I will not receive any compensation whatsoever for the use of My Information and hereby release Cassia from any and all claims which arise out of or are in any way connected with such procurement, production, and use, including but not limited to invasion of privacy.

I have read and understood this consent and release.

I give my consent to Cassia and its affiliates and agents to use my information to promote Cassia activities as described above.

Signature of Employee or Resident

Date

Signature of Power of Attorney/Conservator or Guardian

Date

I do not give my consent to Cassia and its affiliates and agents to use My Information to promote Cassia activities as described above.

Signature of Employee or Resident

Date

Signature of Power of Attorney/Conservator or Guardian

Date

12/2021