



## **Authorization for Use of Photography**

I, authorize **Kendal at Oberlin** ("Community") to use or disclose photographs of [myself/Resident] for marketing purposes, including but not limited to use in pamphlets and on the community website, social media sites (including but not limited to Facebook, LinkedIn and Google+), and for internal use, including but not limited to newsletters, photo albums and bulletin boards.

I understand that any disclosure of photographs made pursuant to this authority may be subject to redisclosure by the recipient of the photograph. I understand that the Community may not condition treatment, payment, enrollment or eligibility for benefits on my provision of this authorization.

This authorization is valid until I revoke this authorization in writing. I understand that I have the right to revoke this authorization by providing a written revocation to the Kendal at Oberlin Chief Health Services Officer at:

**Kendal at Oberlin**  
**Attn: Chief Health Services Officer**  
600 Kendal Drive  
Oberlin, Ohio 44074

I understand that such revocation will not affect an action taken by the Community entity prior to the revocation in reliance on my authorization.

I fully understand the nature of this authorization and the purpose of the release.

**I grant the same authorization to use photographs of [myself/Resident] for the marketing purposes of The Kendal Corporation.**

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*Signature (Resident or Personal Representative)*