



**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.

Signature (Resident)

Date

Printed Name

Signature (Personal Representative, if applicable)

Date

Printed Name

Witness

Date

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

Signature (Resident or Personal Representative)

Date

Witness

Date