



Purpose of These Release Forms

In order for Lorenzo's House to spread our mission in creating support for individuals and their families navigating Alzheimer's, we ask for your permission to share information about your experience with your organization. If you would like to participate in our efforts to promote our program, please sign the attached documents and be a part of the support we spread. We believe the images and videos collected can be used to help reach so many families navigating through this challenging condition.

[Note to Lorenzo's House - Please provide the individual signing with a copy of all documents signed.]



AUTHORIZATION & CONSENT – Photographs and Media

This authorization is voluntary and you (or "consenting party") can refuse to sign this authorization. The Information you authorize us to use and disclose will no longer be protected by state and federal privacy laws and may be re-disclosed by the recipient.

By signing this document, you hereby authorize Lorenzo's House, Inc. ("Lorenzo's House") to use or disclose the following information for the consenting party named below: Full name; city and state of residence; the fact that the consenting party is receiving services from Lorenzo's House-videos, photographs, and audio recordings of the consenting party; as well as facts about the consenting party and the consenting party's experience with Lorenzo's House-or its contractors ("Information").

This information may be used/disclosed for the following purpose(s): Lorenzo's House-promotional, public relations, fundraising and marketing efforts (the "Projects"). The Projects may include press releases; printed brochures; billboards; television, radio, satellite, and Internet advertisements; professional articles and publications; posters, banners and signs; annual reports; performance reports; employee newsletters; media interviews; booklets; websites and social media sites (such as Facebook); and other marketing and promotional products.

Recipients of the information: Individuals and entities such as photographers, videographers, and public relations companies, that help produce the Projects; subcontractors of these recipients and Lorenzo's House; as well as the general public including, but not limited to, news media, Internet users, and potential Lorenzo's House clients.

Unless otherwise revoked or a shorter expiration is required by law, this authorization expires fifty (50) years from the date of the consenting party's death. You have the right to revoke this authorization in writing at any time, but such revocation is not effective until delivered in writing to: Lorenzo's House, _____.

If you revoke this authorization, it will not change any actions Lorenzo's House took in reliance on this authorization prior to the revocation. Lorenzo's House will still be able to use and disclose the consenting party's Information obtained while this authorization was in force to the extent it has already been used to create a Project. Lorenzo's House will still be able to use and disclose the consenting party's Information in connection with the Projects after a revocation, even though Lorenzo's House may no longer create new Projects using the consenting party's Information. For example, if Lorenzo's House uses the consenting party's Information for a promotional video, they will still be permitted to use and release the video indefinitely even if you revoke this authorization. Once your Information is shared with the public, we will no longer be able to control what happens to it or prevent others from sharing it.



Lorenzo's House may not condition the consenting party's receipt of treatment, payment, enrollment, or eligibility for benefits on completion of this authorization.

I have read this form and agree to the uses and disclosures of the information as described. I understand that refusing to sign this form does not stop disclosure of health information that has occurred prior to revocation or that is otherwise permitted by law without my specific authorization or permission.

By signing this authorization, I represent to Lorenzo's House and its agents and employees that I am of sound mind, and that I have read the authorization and fully understand the terms contained herein. I understand that Lorenzo's House will provide me with a copy of this signed authorization form.

Printed name of consenting party whose information is released: Date of birth:

Name of Parent/Guardian/Legal Representative (printed)

Signature of Parent/Guardian/Legal Representative

Date

Relationship or Authority of Legal Representative (e.g., power of attorney):



Release and Waiver
Photography, Digitized Images, Social Media, Video Images and/or Voice Release

For value received, including the opportunity to be photographed and interviewed about my experience at Lorenzo's House, Inc. ("Lorenzo's House"), the receipt and sufficiency of which is hereby acknowledged, I hereby grant to Lorenzo's House and its directors, officers, partners, agents, affiliates, subsidiaries, employees, publishers, licensees, successors and assigns (collectively "User") the irrevocable and unlimited right and permission to use, adapt, modify, reproduce, distribute, and display worldwide, for the consenting party named below, the consenting party's likeness, voice, photograph, image, name, and biographical information, in whole or in part, in any medium now known or later developed, for commercial, trade, advertising, promotional, and other lawful purposes.

I understand that I do not have any right to edit, control, or preview any such materials and that that User is not required to use the consenting party or the consenting party's story in any advertising or promotional materials. If I provide a photograph, drawing or depiction of myself to User, I warrant that I have the necessary rights to grant the rights to User herein.

On behalf of the consenting party and myself, my and the consenting party's heirs, and assigns, I and the consenting party hereby release and hold harmless User from any and all claims, damages, liabilities, and causes of action arising out of or related to the sale, use, adaptation, reproduction, distribution, display, advertising, promotion, marketing or exhibition of my likeness, voice, photograph, image, name, and biographical information including, but not limited to, any claims for misappropriation, blurring, distortion, trespass, libel, invasion of privacy, defamation, outrage, the infliction of emotional distress, infringement of the consenting party's right of publicity, copyright infringement, or any other statutory or common law causes of action.

This Release and Waiver shall be governed by, and construed in accordance with, the laws of the State of Illinois, and represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing.

**I HAVE READ THE ABOVE RELEASE AND WAIVER, PRIOR TO SIGNING, AND UNDERSTAND ITS CONTENTS.
I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.**

Name of Consenting Party (printed)

Date of Birth

Personal representative must sign below:

The undersigned hereby warrants that I am the legal guardian or power of attorney of the above named person, and have full authority to sign the above Release and Waiver, which I have read and approved. Further, I hereby release and agree to indemnify User from and against any all liability arising out of the exercise of the rights granted by the above Release and Waiver.



Name of Parent/Guardian/Legal Representative (printed)

Signature of Parent/Guardian/Legal Representative

Date

Relationship or Authority of Legal Representative (e.g., power of attorney): _____