



MARKETING & DIGITAL MEDIA CONSENT AND RELEASE

If you decline to give authorization, it will **not** affect your admission to or eligibility for any of the care community’s programs. We value your privacy.

By signing this form, I am giving Lutheran Living Senior Campus permission to use and share my name, likeness, image, biographic details, voice, and quotes (“My Information”) an unlimited number of times in marketing and communications materials. Marketing and communications materials (“Materials”) means print materials, broadcasts or recordings, and digital materials, including those that can be viewed on the internet. I understand that I will not be paid or get any other benefits for the use and sharing of My Information and that the Materials will belong to Lutheran Living Senior Campus and not to me.

I understand that My Information may be adapted, edited, and modified, and I agree that I will not have a right to review or approve the use of My Information before use. I understand it is possible that once My Information is used or shared by Lutheran Living Senior Campus other people may share it, and I will not hold Lutheran Living Senior Campus responsible if they do.

Any place in this consent that refers to Lutheran Living Senior Campus also applies to Health Dimensions Group, the management company of Lutheran Living Senior Campus.

I HAVE READ AND FULLY UNDERSTAND THIS CONSENT AND RELEASE AS IT APPLIES TO MYSELF OR TO ANYONE ON WHOSE BEHALF I AM SIGNING.

Signature: _____ Date: _____
 Printed Name: _____
 Address: _____

AND/OR

Signature: _____ Date: _____
 (Authorized Representative OR Parent/Guardian)
 Printed Name: _____ Phone: _____
 Relationship to Resident/Client: _____

Witness required for signature by resident and/or legal representative or family member

Witness Signature: _____ Date: _____
 Printed Name: _____

DECLINE

Signature: _____ Date: _____

Printed Name: _____

Address: _____

AND/OR

Signature: _____ Date: _____
(Authorized Representative OR Parent/Guardian)

Printed Name: _____ Phone: _____

Relationship to Resident/Client: _____

Witness required for signature by resident and/or legal representative or family member

Witness Signature: _____ Date: _____

Printed Name: _____