Authorization & Release Form
Video, Film, Photography and Written Compositions

I hereby authorize the West Virginia Health Care Association (**WVHCA)**, WVHCA member long term care facilities, their successors, assigns, affiliates, agents, employees, staff members, residents, volunteers and/or resident families, as applicable, to take photographs, make videotapes, films, sketches or recreations of my likeness, conduct recorded interviews, reprint copies of compositions, statements, letters and quotations (hereinafter the "**media materials**").

I further authorize WVHCA, its successors and assigns, to use and reproduce the media materials for marketing, advertising, educational and promotional purposes and such other uses as WVHCA, its successors and assigns, may from time to time elect in its sole discretion. Such uses may include, but are not limited to, articles or advertising in newspapers, magazines, billboards, posters, catalogs, brochures, electronic media, social media, television, websites, presentations and publications by any means whether now existing or to be developed.

I understand that I may revoke this Authorization and Release at any time in writing, except to the extent that WVHCA, its successors and assigns, have already taken action in reliance upon this Authorization. I understand that once the media materials are used, reproduced and/or released as described above, they may be subject to re-use or re-disclosure by third parties because they are no longer protected by federal privacy laws. I further understand that WVHCA, its successors and assigns, have no control over re-uses or re-disclosures and as such, are not responsible for third party unauthorized use and cannot be held liable for any injuries, damages or losses whatsoever caused thereby.

I expressly agree that any and all media materials created by WVHCA pursuant to this Authorization and Release are the sole property of WVHCA, its successors and assigns, and I release WVHCA from any claim for title, ownership, possession, compensation or other rights in the media materials or any use by WVHCA, its agents, employees, successors or assigns.

I have executed this Authorization and Release on behalf of my heirs, executors, assigns and myself on the date shown below. I have voluntarily executed this agreement on my own free will after review of its terms, have had the opportunity to ask questions, which have been answered to my satisfaction, and certify that I understand and agree to the terms hereof.

This Authorization and Release shall expire 10 years from the date executed, unless earlier revoked.

_____ _____
Type or print name of Individual Type or print name of Guardian or Responsible Party

_____
Signature of Individual, Guardian or Responsible Party Date

_____
Print Name of Community/Facility

_____
Signature of Witness Date

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