



Photo Consent Form

I hereby grant permission to the Hinds County Senior Transition Program (HCSTP), c/o DREAM, Incorporated, to use my photograph on official printed publications without further consideration, to include its website, newsletters, news releases, and other publications where my picture may appear. I acknowledge the agency's right to crop or treat the photograph at its discretion and I also acknowledge that the agency may choose not to use my photo at this time, but may do so at its own discretion at a later date.

(Initial/check all for which permission is granted):

_____ to be used in the Hinds County Senior Transition Program and DREAM, Incorporated

_____ to be released as part of general (including statewide) publicity surrounding an event, including newspapers, presentations, videotapes, etc.;

_____ to be utilized frequently by DREAM, Inc. and HCSTP staff at conferences, events, etc.

I hereby release, relieve, and hold the Hinds County Senior Transition Program c/o DREAM, Incorporated, harmless for any and all liability which I may otherwise have so long as Dream, Inc. HCSTP complies with the provisions of this release.

I hereby certify and represent that I have read and fully understand the foregoing Photo Release and intending to be legally bound, I have signed this the ____ day of _____, (year).

Signature

Witness