



MINNESOTA RIVER
Area Agency on Aging®

Photo Release

I, _____, the undersigned, agree to release photographs of myself for professional business use by the Minnesota River Area Agency on Aging®, Inc. and the Senior LinkAge Line®.

I understand that photographs may be used by the Minnesota River Area Agency on Aging®, Inc. and the Senior LinkAge Line® but not limited to printed and digital publications. Since my participation with the Minnesota River Area Agency on Aging®, Inc. and the Senior LinkAge Line® is voluntary, I will not receive any financial compensation. I also waive the right to inspect or approve the finished product.

I hereby hold harmless and release and forever discharge the Minnesota River Area Agency on Aging®, Inc., the Senior LinkAge Line®, its contractors, its employees and any third parties involved in the creation or publication of marketing materials from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Printed Name: _____

Signature: _____ **Date:** ___/___/___