



**Grattan HealthCare / Grattan Private Duty Nursing
Photo, Video, and Testimonial Release Form**

I, _____, grant permission to Grattan HealthCare and/or Grattan Private Duty Nursing to use my image (photographs and/or video) and testimonial for use in media publications including, but not limited to:

- Videos
- Email communications
- Brochures
- Newsletters
- General publications
- Company website and affiliates
- Social media platforms

I hereby waive any right to inspect or approve the finished photographs, videos, or electronic matter that may be used in conjunction with them now or in the future, whether such use is known to me or unknown. I also waive any right to royalties or other compensation arising from or related to the use of my image or testimonial.

Please check one option below:

☐ I am 18 years of age or older and competent to contract in my own name. I have read this release before signing below, and I fully understand its contents, meaning, and impact.

☐ I am the parent or legal guardian of the minor named below. I have read this release before signing below, and I fully understand its contents, meaning, and impact.

Signature: _____ **Date:** _____

Name (please print): _____

If applicable, name of minor: _____