



Empowering Lives Through Opportunity LLC

Photo Release Form

Name of Individual: _____ DDD ID: _____

I, or my representative, agree to let Empowering Lives Through Opportunity to take or use my photo for the following uses: *(please initial all that apply)*

_____ NJ Individual Support Plan identification in the DDD iRecord system

The NJISP includes a picture in the system and on the paper plans for identification and to minimize identity misrepresentation. Photos are uploaded into the DDD iRecord system and stay with the individual's plan and system file, regardless of switching Support Coordination Agencies.

_____ Marketing and promotional materials

Marketing and promotional photos are used in our brochures for services, newsletters, Facebook page, website, and/or any other promotional materials.

_____ Client Recognition

Empowering lives Through Opportunity SCA would like to celebrate different clients monthly for a variety of reasons that may include birthdays and achievements.

_____ I do not wish for my photo to be used in ANY capacity.

I hereby give my permission to allow Empowering lives Through Opportunity to use my photograph or likeness to be used for the above stated use while under the auspices of ELTO services or programs.

I hereby hold harmless, release, and forever discharge the Empowering Lives Through Opportunity agency and staff 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. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo

Signature of individual or guardian

Relationship

Date