

Charleston Area Senior Citizen's Services, Inc. (CASCS)
Photo Release Form

Charleston Area Senior Citizen's Services, Inc.
259 Meeting Street
Charleston SC 29401
www.charlestonareaseniors.com
843-722-4127

Volunteer Activity: _____ Activity Location: _____

I, the undersigned, hereby grant Charleston Area Senior Citizen's Services, Inc., its representatives and employees the right to take photographs of me and my property in connection with the above-identified activity.

I authorize Charleston Area Senior Citizen's Services, Inc., its assigns and transfers to copyright, use and publish the same in print and/or electronically.

I agree that Charleston Area Senior Citizen's Services, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if subject is under 18 years of age)