

Monrovia Providers Group

Serving Seniors in Monrovia and surrounding communities

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www.MonroviaProviders.org



Permission to Use Photograph(s)

Name

Address

City, State Zip

I grant to Monrovia Providers Group permission to photograph me and use photographs for demonstration purposes, which may include their website. I authorize Monrovia Providers Group and its assigns to use and publish the same in print and/or electronically.

I agree that Monrovia Providers Group may use such photographs with or without my name (as I designate) and for any lawful purpose, including such purposes as publicity, illustration, advertising and website content.

I have the right to revoke this permission at any time and Monrovia Providers Group must discontinue using photographs of me in a timely manner once this request is made.

___ I give permission to print my name associated with picture(s)

___ Do not print my name associated with picture(s)

I have read and understand the above:

Signature _____

Printed name _____

Date _____