



creative Living inc.

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Photo Release Form

I, _____, give my permission for my
Individual's name

photograph to be used for the following purpose (check boxes that
apply):

- Brochure
- Creative Living Newsletter
- Website
- Board Display
- Press Release
- Facebook

Please note that I give permission for my photo to be used for the
above purpose(s) only. I understand that this photo consent expires
at the end of one(1) year from the date signed. I further understand
that this permission is date specific. If I have checked a box above
that is more than a one-time event, I will be asked to give signed permission
once again per the Department of Developmental Services (DDS).

Signature of Individual or Guardian if applicable

Date

“Enriching the lives of individuals with developmental disabilities”