



**Your "One-Stop" Medicare Shop**

### PHOTO RELEASE FORM

I hereby grant permission to *Medicare Resource Center* to use photographs and/or video of me taken on \_\_\_\_\_ at \_\_\_\_\_ in publications, news releases, online, and in other communications related to the mission of Medicare Resource Center.

\_\_\_\_\_  
(Signature of Adult, or Guardian of Children under age 18)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**Thank you!**