



**Community Action of
Southern Kentucky
Foster Grandparent Program**

RELEASE FORM

Date _____

I hereby grant the Foster Grandparent Program permission to use my likeness in photograph(s)/video in any and all of its publications or on the world wide web whether now known or hereafter existing, controlled by Community Action of Southern Kentucky, in perpetuity. I will make no monetary or other claim against Community Action of Southern Kentucky Foster Grandparent Program for the use of the photograph(s)/video.

Name (print full name) _____

Signature _____

Relation to subject (if subject is a minor) _____

Address _____

City, state, zip _____

Telephone _____

Requested by _____

