



Release Agreement

Permission to Use Photograph/Story for TRU Community Care Seasons of Life Memorial Program

- I, _____, hereby authorize TRU Community Care to publish images and written material (story/stories) of _____, which I have provided, for use on its website. I release all claims of any nature against TRU Community Care, and their agents, employees and representatives, related to the use or distribution of any images, written material, information about me or _____, and any derivative works of any of these.

*** or ***

- I, _____, **DO NOT** authorize TRU Community Care to publish images and written material or stories for use on its website, **and request that _____'s name NOT be added to the "Memorial Program" web pages.**

By signing below, I certify that I am over eighteen (18) years of age.

Name _____ Phone _____
Please Print

Address _____

Email _____

Signed _____ Date _____