



RESPITE CARE OF SAN ANTONIO PHOTO RELEASE FORM

I understand that my name and photograph may be used in Respite Care of San Antonio's (RCSA), online social media posts and other RCSA marketing materials. I agree that RCSA may use my name and photograph for nonprofit marketing purposes, to share information about RCSA's services and raise funds for RCSA. I understand that I will not receive compensation for sharing my name and photograph.

Thank you for sharing to help RCSA's children!

Volunteer's First Name

Volunteer's Last Name

Volunteer's Signature

Date

Guardian's Signature

Date

(required for volunteers under the age of 18)

Please provide any social media handles that RCSA may use to tag you and/or your company.

Instagram

Facebook

LinkedIn

@_____

@_____

@_____

@_____

@_____

@_____