

# *King Lunalilo Adult Day Care Center*

501 Keēkauluohi Street  
Honolulu, Hawaii 96825  
(808) 395-4065

## **PHOTOGRAPHY GENERAL WAIVER AND RELEASE**

### **Blanket Approval for All Events**

In consideration of our mutual promises and other valuable consideration, I hereby authorize you and your agents, whomsoever to make, distribute, exhibit, reproduce, sell or assign and otherwise use my name and photographic likeness and own the negative of the pictures you have taken of me and in the use of photographic likeness and the use of my name. You may and can use said name and likeness in regard to any subject matter whatsoever you choose whether it be in regard to a picture or series of pictures to be produced, taken, exhibited, or used or part of it used in any format, campaign, news release, media of any type or kind whether or not produced by you or used by or used by a principal and/or agent and/or employee of yours, so long as the aforesaid is released according to your direction.

I hereby waive all rights or claims in regard to invasion of the right of privacy, invasion of the right of publicity, any type of defamation, and I hereby waive all rights of inspection of approval and irrevocably release you and all of the parties whomsoever you may choose to use my likeness, name, or photograph from any liability arising out of or in connection with the use of my name, photographic likeness, negatives or ownership in and to my photograph and other subject matter as set forth including but not limited to those causes of action named herein and any other cause of action that may accrue to me by the use thereof. However, I understand that this Waiver and Release releases and forever holds you harmless from any and all liability in the use whatsoever of the hereinabove enumerated photographic likeness of me.

This agreement is intended to bind my heirs, assigns, agents, subsidiary companies and other individuals whosoever I am connected with, either legally or by contract.

Exception to the above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Participant: \_\_\_\_\_

Resident/Surrogate/Guardian Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Print Name of Signature: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_