



Promotional Release Authorization

I, _____, give PORT Group Homes permission to use a likeness or photograph of my son/daughter, _____, in brochures or video presentations used for public information about PORT Programs. I understand that my child's name will not be used or published and all data privacy rules and regulations will be followed. This pertains to any pictures or videos taken of my child during their stay at PORT. This consent is voluntary and I understand that I may revoke it at any time. This authorization will expire after five years from the date below.

Resident's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____