

Photo / Video Permission Form

Photo and video consent for Checkmate Community to photograph a resident during our visits. Completed by the resident or their legally authorized representative. We never photograph anyone without a signed permission form on file.

Resident Information

Resident Full Name: _____

Room / Unit Number: _____

Facility Name: _____

Date of Birth: _____

Permission Scope (check all that apply)

Photos may be taken during our visits: Yes No

Video may be recorded during our visits: Yes No

Photos / video may be used on checkmatecommunity.org: Yes No

Photos / video may be used on our social media: Yes No

Photos / video may be used in print materials: Yes No

Photos / video may be used in grant applications: Yes No

Restrictions (optional)

Specific restrictions or preferences: _____

Consent Given By

Name of person signing: _____

Relationship to resident (self / POA / family / facility): _____

Signature: _____ Date: _____

Printed name: _____ Title: _____

Return completed form to: info@checkmatecommunitytx.org | or hand to our on-site lead at your next visit.