



# Faces & Stories

## *in Virginia's Long Term Care Centers*

### Nomination Form

This information will be used in the calendar, on social media, etc., so please verify all information to the best of your ability and have the nominee complete the VHCA-VCAL Image Release Form included on the back of this form.

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Resident's full name (Mr., Mrs., Ms.)

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Age

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City and State where the nominee grew up

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Date of admission into facility

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Name and relation of closest family member

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Telephone number of closest family member

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Address of resident's closest family member

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Facility Name

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Facility Address

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Nominator's Name & Job Title

#### How to Submit Your Nomination:

Nomination information must be received by VHCA-VCAL by October 1, 2021. Please email photograph(s) to [kathy.robertson@vhca.org](mailto:kathy.robertson@vhca.org) or submit online at [www.vhca.org](http://www.vhca.org).

Kathy Robertson  
VHCA-VCAL  
2112 W. Laburnum Avenue, Suite 206 | Richmond, VA 23227

Questions? Contact Kathy Robertson at [kathy.robertson@vhca.org](mailto:kathy.robertson@vhca.org) or (804) 212-1700.

(over)



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### **Image Release Form**

#### **Release and Authorization to Photograph, Videotape or Otherwise Record**

I, the undersigned, hereby consent to have my name, image, voice, likeness, biographical information, and statements (collectively, my "Likeness") captured, photographed, videotaped and/or otherwise recorded by the Virginia Health Care Association-Virginia Center for Assisted Living, its successors, assigns, licensees, agents, and legal representatives ("VHCA-VCAL"). I grant to VHCA-VCAL the right to use my Likeness for any purpose, commercial or non-commercial, as it may see fit, including without limitation the right to publish, promote, distribute, modify, edit, adapt, and make derivative works from any photographs, videotapes, and other recordings that feature or include my Likeness (collectively, the "Materials"). This grant of permission is made on a royalty-free, perpetual, irrevocable, non-exclusive basis, and will apply in any media now known or later invented, with or without attribution to me, and with the express understanding that I will not be given a right of approval or advance notice of any particular use of the Materials and/or my Likeness.

I agree that all Materials are the sole property of VHCA-VCAL, and that VHCA-VCAL may copyright any aspect of the Materials. If I should receive any print, negative, or other copy of the Materials, I will not authorize its use by anyone else. I understand that no Materials will be submitted to me for approval, that I will receive no compensation or other consideration for the granting of this permission or of the use of the interview, and that VHCA-VCAL shall be without liability to me for any ill effect resulting from the publication of my Likeness.

To the extent that I make any statement or endorsement about the goods and services offered by VHCA-VCAL, I affirm that my statements reflect my true and accurate beliefs based on my use of and experience with those products and services. I further release VHCA-VCAL from any and all claims for damages for libel, slander, invasion of the right of privacy or any other claim based on the use of my Likeness that is consistent with this Release.

I hereby warrant that I am eighteen years of age or older (or that this release has been signed by my parent/legal guardian), am fully competent to execute this Release, have read this document before signing below, and fully understand its contents, meaning, and impact. In addition, I warrant that my execution of this Release, and VHCA-VCAL's use of the Materials and/or my Likeness, will not conflict with any other agreement to which I am bound.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

If under the age of 18, or if not competent, please have the following completed by the individual's parent/legal guardian or authorized representative

I, \_\_\_\_\_, the parent/legal guardian/authorized representative of the person designated above, approve and consent to the execution of the foregoing release and waive all rights which I may have in connection therewith. I will not revoke my consent and I guarantee performance of the foregoing release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name