



Required fields are marked with an asterisk.

A p p l i c a t i o n

* Receptient's Name: _____ * Birth Year: _____

* Address: _____

* Primary Contact: _____ * Relationship: _____

* Primary Phone#: _____ Email address: _____

MUSIC!

Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Big Band / Swing | <input type="checkbox"/> 50's / 60's / 70's Popular Songs |
| <input type="checkbox"/> Musicals / Broadway / Soundtracks | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Classical / Opera | <input type="checkbox"/> Country/ Bluegrass / Roots / Folk |
| <input type="checkbox"/> Jazz / R&B | <input type="checkbox"/> Gospel / Hymns / Religious |
| <input type="checkbox"/> Motown Hits | <input type="checkbox"/> Italian <input type="checkbox"/> Greek <input type="checkbox"/> Polish <input type="checkbox"/> Other |

Other Favorite Songs / Artists:

We love to share stories & photographs of people's reactions while reconnecting with their favorite music. If you & you loved one would allow us to take a photograph, you'll find a simple release form on page 3.

ALZHEIMER'S MUSIC PROJECT, INC.

138 HARKNESS RD., PELHAM, MA 01002



R E L E A S E

By signing this authorization I, _____ give permission to Alzheimer's Music Project (AMP) to take and use photographs, slides and video recordings of the recipient of our services, for the purpose of raising community awareness and encouraging participation in our program.

Please circle one:

I authorize AMP to exhibit, transmit and distribute media of me in all AMP--related materials, including but not limited to newsletters, brochures, social media and the Alzheimer's Music Project internet site. I authorize the use and disclosure of these materials forever and without payment to myself or any third party.

OR,

I do not authorize any photographs or videotaping of me for any reason other than employee identification purposes.

I understand the intended use and disclosure of any and all photographs, slides and video recordings. I understand that I may refuse to sign this authorization and that my refusal will not affect my relationship with Alzheimer's Music Project

I may revoke this authorization at any time. My revocation must be given in writing to Alzheimer's Music Project, 138 Harkness Rd, Pelham MA 01002.

This authorization represents lifetime use and disclosure of the above mentioned materials.

Print Name _____ Signature _____ Date _____