



Testimonial Release Form

Authorization and Release Information

I understand my testimonial on behalf of Empire State Association of Assisted Living may be used in connection with publicizing and promoting ESAAL. I authorize ESAAL to use my name and the Testimonial as defined.

I hereby irrevocably authorize ESAAL to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing ESAAL's services or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against ESAAL for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I hereby hold harmless and release ESAAL from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf.

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: _____

Signature: _____

Company: _____

Email: _____ Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Date: _____