

## **Photo Agreement**

By signing below, I warrant that the image submitted is my original work and that I am the owner of the image. While I will retain all rights to the image, I grant permission for unrestricted use of the image to APTA Geriatrics, or its designee, to utilize the image in APTA Geriatrics products and publications. APTA Geriatrics reserves the right to crop, edit and color-enhance photos, as necessary.			
		Name	Date

Please sign and submit with your image to <a href="mailto:gerinoteseditor@gmail.com">gerinoteseditor@gmail.com</a>.

Release of signatures of any recognizable persons in a photograph, other than the photographer, will also be required.