



Authorization for Photography and Art Submissions

It is the practice of Wisconsin Representatives of Activity Professionals (WRAP) to share information about Communities' residents and Life Enrichment activities in conference vending, newsletters, and websites.

This authorization grants the Community and WRAP permission to use my photograph or likeness and to identify me in their newsletters, websites, and other social media. I understand the circulation of the website could be worldwide and that there will be no compensation to me for this use.

Resident/Guardian/POA Signature:

Activity Director Signature:

Date: _____

