

Photo Release

Louisiana HOSA – Future Health Professionals

Please be advised that your child may be photographed or videotaped at various times during LA HOSA events. Photos will be used in organization print, online and video-based marketing materials.

I hereby authorize any employee or representative Louisiana HOSA, the school district, or local media to photograph or videotape my child during the course of conference and use their name and likeness in marketing materials described above. I also understand photos will be the property of person or company taking photo and will not be returned.

I release and hold harmless Louisiana HOSA, its employees and representatives, the parish school district and its employees and representatives, National HOSA, local media, and the facility where my child will participate, from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my child's participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Louisiana HOSA, the conference facility and school district, its contractors, its employees & representatives and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my child's participation.

Authorization

Print your name, address, date, and sign. All participant adults must also submit this form. If over 18, you may sign for yourself.

_____ I authorize taking/using pictures of my student.

_____ I do not authorize taking/using pictures of my student.

Print Child's Name: _____ **Age of Child:** _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____