

# Photo Release

## Louisiana HOSA – Future Health Professionals

Please be advised that your child/self 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 of Louisiana HOSA, the school district, or local media to photograph or videotape my child/self during the course of conferences or meetings 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/self will participate, from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my child's/my 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 understand that Louisiana HOSA has no control of pictures taken by the students or their friends, and cannot control what students post online.

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/my participation.

### Authorization

**If Over 18, print your name, address, date and sign. All adults must also submit this form.**

**Print Child's Name:** \_\_\_\_\_ **Age of Child:** \_\_\_\_\_

**Print Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_