

GET MOVING. STAY SAFE. WEAR A HELMET.

MINOR RELEASE FOR PHOTOGRAPHY/RECORDING FOR HARD HATS FOR LITTLE HEADS

I, _____, hereby consent to the photographing of the child(ren) named below and consent to the recording of his/her/their voice(s) as related to their participation in Hard Hats for Little Heads, and hereby give the Texas Medical Association and its representatives, successors, or assigns, the absolute and irrevocable right and permission, with respect to the photographs, film, and/or tape taken of the minor child(ren) named below on this day, _____, 20 __ __, to:

- (a) copyright the same in their name or any other name that they may choose;
- (b) use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, images, or recordings in any medium and for any purpose whatsoever, including, but not limited to, illustration, promotion, advertising, and trade;
- (c) use said photographs and recordings for an unlimited period of time in all domestic and foreign markets; and
- (d) use the name(s) of the minor child(ren) in connection therewith if they so choose.

Furthermore, I waive any right that I or the minor child(ren) named below may have to inspect or approve the finished product or products or the copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release and discharge Texas Medical Association, its directors, officers, agents, employees, their assigns, and any designee (including any agency, client, broadcaster, periodical, or other publication) from any and all claims and demands that I and the minor child(ren) named below may or will have that arise out of or in connection with the use of such photographs or recordings, including, but not limited to, any claims for defamation or invasion of privacy.

I understand that the term "photograph" as used herein encompasses both still photographs and motion picture or video footage.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement, prior to execution, and that I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Please print:

Name(s) of Child(ren): _____ Date: _____

Name of Parent/Guardian: _____

Address: _____

Phone: _____

Parent/Guardian Signature: _____



Hard Hats for Little Heads

Physicians Caring for Texans