

Texas
Speech-Language-Hearing
Association



PHOTO RELEASE

I, the undersigned, recognize and accept that on occasion photos of me, still or moving, and my name, may be used with respect to TSHA activities through printed, audio, video, or other electronic media, including the Internet. I give my permission for use of my picture and name and further release the Texas Speech-Language-Hearing Association, its officers, members, management company, employees and officers of the management company, and any other individual associated with TSHA, from any liability resulting from the distribution of my image and name. I waive all claims, both current and future, for compensation for such use and distribution.

Signed this ____ day of _____, 20__.

Signature

Name Printed

Parent/Legal Guardian Signature (if subject is a minor)

Parent/Legal Guardian Name Printed

Date

**Please mail complete form to
918 Congress Avenue, Suite 200 – Austin, Texas 78701
or fax to: 512-494-1129.**