



Physicians Caring for Texans

I, _____, hereby consent to the photographing of the child (ren) named below and consent to the recording of his/her/their voice(s), and hereby give the Texas Medical Association and its representatives (including TMA Foundation), 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 _____, 201__, at _____, to:

- (a) Copyright the same in their name or any other name that they may choose;
- (b) Use, reuse, publish, and republish 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 the Texas Medical Association, its directors, officers, agents, employees, its assigns and any designee (including any agency, client, broadcaster, periodical, or other publication) from any and all claims and demands that I and the other child(ren) named below may or will have that arises out of or is 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.

Name(s) of Child(ren): _____

Name of Parent/Guardian: _____
(please print)

Parent/Guardian Signature: _____

Address: _____

Phone: _____

Date: _____