

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, 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,
200, at
(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. In consideration of appearing in its statewide media, I hereby
give the TMA and its successors and assigns permission to use my image.
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:

Date:\_\_\_\_