

## FCCLA PHOTO RELEASE FORM

In consideration of \_\_\_\_\_, I am authorizing staff at the Texas Association, Family, Career and Community Leaders of America (FCCLA) to take and use my picture in various FCCLA promotional materials (to include billboards, brochures, website, etc.). I do not wish to approve the finished version(s) of the photographs before they are used by FCCLA in these promotional materials, nor do I wish to claim any ownership interest in these photographs. I will not consider FCCLA's use of the photographs as libelous or an invasion of my privacy. I am over the age of 18 and qualified to make this release, which I intend to be binding on my legal representatives, heirs, successors, and assigns.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If the person in the photograph is a minor, signature of parent/ guardian is required.*

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_