

Dear Parent(s)/Guardian(s):

This is a **Photo Release Form** that gives permission for your child's picture to be posted on the web or in the news to inform our community of our accomplishments. Please complete the information below.

HOSA Photo Release Form

| ı, (print name) | , the parent/official guardian of (child's name) | | |
|--|---|---|---|
| | , he | ereby grant our local | HOSA chapter to take and |
| use photos and/or digital i materials as follows: Print, identity may be revealed in | mages of my child for Web, and/or Electro n descriptive text and se of these images wi | r use in news release onic Publications. I ag d/or commentary in ithout compensation | es and/or educational gree my child's name and connection with the n to me. All negatives, prints, |
| Student Name: | | | |
| Address: | | | _ |
| | | | _ |
| State: | Zip: | | |
| Phone Number: _ | | | |
| Parent Signature: | | Date: | |
| Student Signature: | | Date: | |