STRONG FAMILY HEALTH CENTER PHOTO RELEASE

I hereby grant Strong Family Health Center permission to take use my photos and acknowledge my participation in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of Strong Family Health Center.

I hereby irrevocably authorize Strong Family Health Center to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge Strong Family Health Center from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE IS FOR MYSELF AND MY MINOR CHILD LISTED BELOW.

viinors Name:			
Parents/Guardians Name:			
•			
Parent Signature:	Date: / _	/	