



NEW MEXICO

ALLIANCE FOR  
SCHOOL-BASED  
HEALTH CARE

Redefining Health for Kids and Teens

## Parent's Photo/Film Release for a Minor

I hereby authorize the New Mexico Alliance for School-Based Health Care (NMASBHC) to publish photographs and/or film taken on \_\_\_\_\_ (insert date, month, and year) of the minor child or children listed below, and their names and likenesses, for use in the NMASBHC's print, online and video-based marketing, advocacy, and promotional materials, as well as other NMASBHC publications.

I hereby release and hold harmless NMASBHC from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images/film specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize NMASBHC to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in NMASBHC's marketing materials or other NMASBHC publications. I acknowledge and agree that publication of said photos/film confers no rights of ownership or royalties whatsoever.

I hereby release NMASBHC, its contractors, its employees and any third parties involved in the creation or publication of NMASBHC publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

### Authorization:

Printed Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

### Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_