A close up of a sign

Description automatically generated

**Photo/Video/Digital Media Release Waiver**

I hereby grant the Mid-Atlantic AHMA permission to use my likeness in a photograph, video, or other digital media in any and all its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos, videos or other digital media will become the property of the Mid-Atlantic AHMA and will not be returned.

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I hereby hold harmless, release, and forever discharge the Mid-Atlantic AHMA 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. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I ACCEPT:**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Of person pictured)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_ / \_\_ / \_\_\_\_

**If under 18, a parent must sign individually (above) and as parent/guardian (below).**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_ / \_\_ / \_\_\_\_

Print Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_