



Parent Authorization and Release

1. **Hospital.** I understand the Hospital is not affiliated with either the Photographer or Capturing Courage. Initial _____
2. **Authorization to Photograph.** I am the parent and legal guardian of my child(ren) listed below, have the authority to enter into this agreement and authorize the Photographer to photograph my child(ren). Initial _____
3. **Personal Use of Photographs.** Capturing Courage holds the copyright of images which are licensed to parents for personal use. I understand that the images I receive may not be used for commercial use, public media, or promotions of other nonprofits or causes without specific written permission from Capturing Courage. I agree to contact Capturing Courage directly to obtain permission and information about proper acknowledgement. Initial _____
4. **Standard Gift.** I understand that Capturing Courage will provide me with a CD containing digital copies of the photographs taken during my child(ren)'s photo session along with a copyright release for printing purposes. Photographers will not provide the originals or non-retouched images per agency policies and guidelines. Initial _____
5. **File.** I understand this form or an electronic copy of this form will be maintained by Capturing Courage at the headquarters office. Initial _____
6. **Release.** I release and forever discharge Capturing Courage, the Photographer, the Hospital, and their agents, employees, officers, directors, and representatives from all past, present, and future legal claims, actions, causes of action, damages, costs, and expenses that in any way grow out of, or are related to, the taking of photographs and their use by Capturing Courage or the Affiliated Photographer. Initial _____
7. **Indemnification.** If any person not signing this form brings a claim against Capturing Courage or the Photographer that is related to the photography of my child(ren), the released matters set forth above, or the use of the photographs thereafter, I will indemnify and save and hold Capturing Courage harmless from any damages incurred as a result of those claims. Initial _____
8. **Capturing Courage Use of Images Permitted.** I permit the digital images and photographs of my child(ren) to be used by Capturing Courage for volunteer training and agency marketing, including, but not limited to, social media, without my prior approval. For such usage, Capturing Courage may make additional copies of the photographs without my prior approval. (Optional) Initial _____

Parent Signature

Date /Time

Parent Printed Name

Child(ren) Name(s)