

**TEXAS STATE RIFLE ASSOCIATION ("TSRA") &
TEXAS STATE RIFLE ASSOCIATION FOUNDATION ("TSRAF")
PHOTO RELEASE FORM**

I hereby grant the Texas State Rifle Association Foundation, Inc. ("TSRAF") and the Texas State Rifle Association, Inc. ("TSRA") permission to use my likeness 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 the TSRAF & TSRA and will not be returned.

I hereby irrevocably authorize TSRAF & TSRA 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 TSRAF & TSRA 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 AM **UNDER 18 YEARS OF AGE**, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:
If under 18, BOTH PARENTS and or LEGAL GUARDIAN MUST SIGN

Families with multiple athletes may use one (1) form. Please list ALL names of Minors.

Minor(s) Athlete Print Name

Minor(s) Athlete Signature

Date

Minor(s) Athlete Print Name

Minor(s) Athlete Signature

Date

Minor(s) Athlete Print Name

Minor(s) Athlete Signature

Date

Parent and/or Legal Guardian

Date

Parent and/or Legal Guardian

Date

I AFFIRM THAT **I AM AT LEAST 18 YEARS OF AGE**. I ACCEPT:

Athlete Print Name

Athlete Signature

Date