

**PHOTOGRAPHIC RELEASE**

I do hereby grant and convey unto Tucson Interfaith HIV/AIDS Network all right, title, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of Tucson Interfaith HIV/AIDS Network or made with its consent, during my participation with Tucson Interfaith HIV/AIDS Network.

I expressly understand and agree that this release is intended to be as broad and inclusive as permitted by law, and that this release shall be governed by and interpreted in accordance with the laws of the State of Arizona. I agree that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, in invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release.

**By signing below, I acknowledge that I have read and understood this release, and agree to its provisions.**

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**Date**

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**Participant's name**

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**Participant's signature (if participant is over 18 years old)**

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**Parent's Signature (if participant is under 18 years old)**