

# PHOTO/FILM/VIDEO CONSENT AND RELEASE

I hereby give permission for images of my child or myself (as applicable), captured during Technology Student Association (TSA) activities through video/film, photo or digital camera, to be used solely for the purposes of TSA promotional materials and publications, and I waive any rights of compensation or ownership thereto.

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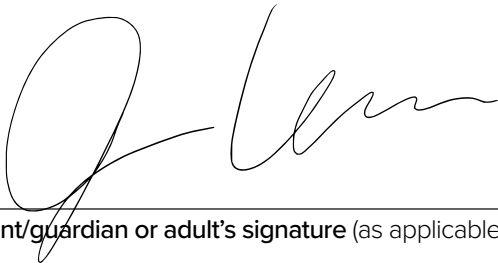
Name of minor in images (please print)

---

Name of minor's parent/guardian (please print)

---

Name of adult in images (please print)

A handwritten signature in black ink, appearing to be "J. L. ...", written over a horizontal line.

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Parent/guardian or adult's signature (as applicable)

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Date

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**Hannah McLellan**

Name of minor in images (please print)

**Susana McLellan**

Name of minor's parent/guardian (please print)

**Susana McLellan**

Name of adult in images (please print)



Parent/guardian or adult's signature (as applicable)

**01/22/2024**

Date

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Ana Maria Escobar

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Name of minor in images (please print)

Jaynine Escobar

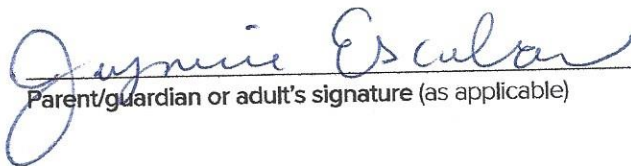
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Name of minor's parent/guardian (please print)

N/A

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Name of adult in images (please print)



Parent/guardian or adult's signature (as applicable)

1/26/2024

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Date

# THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO  
1200 SOUTH MICHIGAN AVE.  
CHICAGO, ILL. 60607-7073  
(773) 936-7000

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Nelson Munoz

Name of minor in images (please print)

Barbara L. Munoz

Name of minor's parent/guardian (please print)

Name of adult in images (please print)

Barbara Munoz

Parent/guardian or adult's signature (as applicable)

1/24/24

Date

## PHOTO/FILM/VIDEO CONSENT AND RELEASE

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Kenneth Williams

Name of minor in images (please print)

Patricia Sosa-Williams

Name of minor's parent/guardian (please print)

Name of adult in images (please print)

Tad

Parent/guardian or adult's signature (as applicable)

1-27-2024

Date

# PHOTO/FILM/VIDEO CONSENT AND RELEASE

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Name of minor in images (please print)

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Name of minor's parent/guardian (please print)

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Name of adult in images (please print)

*Danielle Rapoza*

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Parent/guardian or adult's signature (as applicable)

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Date