

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 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.

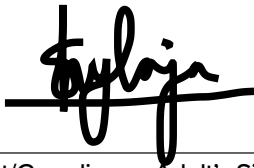
Laahini Addagatla

Name of Minor in Images (please print)

Shylaja Addagatla

Name of Minor's Parent/Guardian (please print)

Name of Adult in Images (please print)

A handwritten signature in black ink, appearing to read 'Shylaja', written over a horizontal line.

Parent/Guardian or Adult's Signature (as applicable)

3/31/2023

Date