



Photo Release Agreement and Medical Emergency Form

Photo Release Agreement for Summer 2017

I grant the German-Texan Heritage Society (GTHS) the right to take photographs or videos of my family. I agree that GTHS may use such photographs of my family with and without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Name of Student	(X) Signature of Parent/Legal Guardian
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Medical Emergency Form for Summer 2017

In the event that Emergency Medical treatment is indicated and we are unable to contact you or the emergency contact listed below, signing this form constitutes authorization for GTHS to perform or arrange for whatever treatment is necessary.

Name of Student	Emergency Contact (Name & Phone)
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Please list any additional information, i.e. allergies, etc.:

Date	(X)	Signature of Parent/Legal Guardian
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The German-Texan Heritage Society does not discriminate by race, color, religion, sex, age, country or ethnic origin.