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## CTA Photo Release Form

Name: \_\_\_\_\_

Address:

Phone: \_\_\_\_\_

School: \_\_\_\_\_

I hereby grant permission to the California Teachers Association, its affiliate organizations, or other organizations that it represents, to use all images and/or voice recordings of me recorded by film, videotape, audio recording, still photography, audio recording or any other medium. CTA and its partners may use the images and/or voice recordings in CTA and partner productions. I understand that these productions may include messages of a political nature.

Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If person appearing is under 18 years old, a parent or guardian signature is required:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



