Photo/Video Release Form

I hereby grant permission to the Arizona Speech-Language-Hearing Association (ArSHA) to use my likeness in the form of photographs, video recordings, or digital images, including but not limited to:

- Headshots or photos that I provide to ArSHA
- Candid photographs or video recordings taken of me at ArSHA events

I authorize ArSHA to use, reproduce, publish, and distribute these images for purposes related to ArSHA's mission, activities, and communications, including but not limited to:

- Social media posts
- Newsletters and other publications (print and digital)
- The ArSHA website
- Marketing and promotional materials
- Award recognition and event highlights

I understand that:

- My likeness may appear with my name and professional designation, as appropriate.
- Images may be cropped, resized, or edited for publication purposes, but will not be altered in a misleading or defamatory way.
- I will not receive compensation for this use.
- This consent remains in effect unless **revoked by me in writing.**

Participant Information

- **Name (please print):** _____
- **Signature:** _____
- **Date:** _____