



**RELEASE AND WAIVER**

The undersigned hereby agree to grant Volunteers of America of Southeast Louisiana, Inc. (“VOASELA”), the right, without compensation, permission to use their name, photographs, film, video and likeness for use in public and professional presentations, slides, television, brochures, printed medium, and other publicity (individually and collectively referred to as “publicity”), for the purpose of illustrating VOASELA programs and services.

The undersigned hereby release and waive any claims against VOASELA, its officers, directors and employees, arising out of the publicity agreed to herein, including but not limited to matters arising under HIPAA and Medicaid waiver status.

Date \_\_\_\_\_

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

Signature: \_\_\_\_\_

**Below for minor child only:**

\_\_\_\_\_ on behalf of minor child \_\_\_\_\_.  
Print Name Print Name

\_\_\_\_\_  
Signature of Volunteer/Parent/Guardian