



Photo Submission Guidelines

As OSMA continues to share our message and advocate for physicians, we are working to highlight our best asset—real OSMA members like you—in our website, social media posts and other visual materials.

We would love your help in building out our library of real member photos. It's quick and easy! Just follow the guidelines below:

Compositions we're looking for:

- 1 Individual headshots and candid**
 - Smiling, looking at the camera
 - Or actively working or engaging with teammates
- 2 Small group photos**
 - Your team in the workplace
 - Or from OSMA events or advocacy efforts

3 With and without masks

4 Diversity in gender & ethnicity

For best quality:

Choose/capture photos that are horizontal.

Make sure there is good lighting in the photo.
(i.e. no deep shadows or dark spots)

Select photos that are taken without using the zoom.

Compose photos relatively free of distracting items.
(i.e. cluttered desks, trash bins, signs/posters on the wall, etc.)

Keep the original photo file with no enhancements/edits.
(i.e. filters, exposure corrections, cropping, skin retouching, etc.)

How to Submit:

Sign the photo release:
[Click Here to Sign >](#)

(or submit the next page with your photos)

Email original, high-resolution photos to:
Comm@osma.org



Photo Waiver

Please note: This waiver only applies to physicians and employed members of your team. Due to privacy laws, do not send any photos that include patients.

Photo Release

For consideration which I acknowledge, I grant to the Ohio State Medical Association (OSMA) the absolute and irrevocable right and unrestricted permission concerning any photographs/videos taken of me or in which I may be included with others, to use, reuse, publish, and republish the photographs/videos in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration. I release and discharge OSMA from any and all claims and demands that may arise out of or in connection with the use of the photographs/videos, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of OSMA, as well as the person(s) who took the photographs/videos. I am a legally competent adult and have the right to contract in my own name. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

SIGNATURE

PRINT NAME