

Rotary District 7570

Photo Release Form

I hereby grant Rotary International, Rotary Clubs of District 7570, their Rotarian members, program personnel of Rotary youth programs (including but not limited to Interact, Rotaract, RYLA and Youth Exchange), volunteers, associates and designated representatives permission to use my likeness in any and all publications, including web-sites, without payment or any other consideration.

I understand and agree that these materials will become the property of Rotary District 7570, or its program personnel, volunteers, associates and designated representatives and will not be returned.

I hereby authorize Rotary International, Rotary Clubs of District 7570, their Rotarian members, program personnel of Rotary youth programs (including but not limited to Interact, Rotaract, RYLA and Youth Exchange), volunteers, associates and designated representatives permission to edit, alter, copy, exhibit, distribute, print, publish, electronically or otherwise, the photo(s) and or video(s) for their programs, events, bulletins, newsletters, web-sites, or any other lawful purpose. In addition, I waive the right to inspect the final product , including spoken, written or electronic copy related to the use of the photographs or video's.

I hereby hold and release and forever discharge the Rotary International, Rotary Clubs of District 7570, their Rotarian members, program personnel of Rotary youth programs (including but not limited to Interact, Rotaract, RYLA and Youth Exchange), volunteers, associates and designated representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf, or on the behalf of my estate, have or may have by reason of this authorization.

(Signature)

(Date)

(Printed Name)

If the person signing above is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the forgoing on behalf of person named above.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)

(Attachment A)