

Photo Submission & Release Consent Form

Participant Information

Full Name

Email Address

Phone Number

Address

Photo Details

Description of Photo(s)

I hereby grant permission to the organization to use my photograph(s) and likeness in any and all of its publications, including website entries, without payment or other consideration. I understand and agree that these materials will become the property of the organization and will not be returned. I hereby irrevocably authorize the organization to edit, alter, copy, exhibit, publish, or distribute this photo for purposes of publicizing their programs or for any other lawful purpose.

☐

I have read and agree to the terms above.

Signature

Date