

Please read carefully before you sign this release. If you have any concerns with having your photo taken and published, you need to ask the photographer /videographer at EACH AAUW North Tahoe (CA) meeting or event NOT to photograph/videograph you. If you chose not to sign this release, please do not pose for group or individual photos! While AAUW North Tahoe (CA) does not sell any photographs/videos of its members, we do post media on our website, in our newsletters, and on our social media sites.

MEDIA RELEASE

I hereby give AAUW North Tahoe (CA) or its successors in interest, the irrevocable right to use my name, picture, portrait, photograph, or video, in any and all forms, in any and all media, and in all manners, without any restriction as to changes or alterations. I waive any right to inspect or approve the photograph(s) or finished version(s) incorporating the photograph(s), including written copy, such as identifying you by name, that may be created and appear in connection therewith.

I release and agree to hold harmless the Photographer/Videographer, her, his or their assigns, licensees, successors in interest, legal representatives and heirs from any liability in connection with the use of my photograph or video. I agree that the Photographer owns the copyright in these photographs and hereby waive any claims I may have based on any usage of the photographs or works derived therefrom, including but not limited to claims for either invasion of privacy or libel. I am of legal age and competent to sign this release. I agree that this release shall be binding on me, my legal representatives, heirs, and assigns. I have read this release and am fully familiar with its contents.

Name: _____
Please print Signature

Address: _____

Date: _____, 20____ Phone: _____

Consent (if applicable): I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights thereto.

Minor: _____
Please print name of Parent or Guardian Signature of Parent or Guardian

Address: _____

Date: _____, 20____ Phone: _____