



PHOTO RELEASE FORM

Altrusa Club or Foundation _____ District _____

Event _____ Location _____

Releasor First Name _____ Last Name _____

Address _____ City _____ State _____

Phone _____ Email _____

I am at least 18 years of age. OR I am the parent or guardian of the minor being photographed.

(describe the event being photographed)

I, _____ (the "Releasor"), grant permission and consent to the Altrusa International Foundation, Inc. (the "Releasee") to use the photographs covered by this Release (including, but not limited to, for use in the follow-up report submitted by the Altrusa organization listed above) for any legal purpose, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

I understand that I may revoke this authorization at any time by notifying the Releasee in writing. The revocation will not affect any actions taken before the Release's receipt of such written notification.

I understand that images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and, after that, time-destroyed or archived.

I understand and agree to these terms and conditions.

Releasor's Signature _____ Date _____