

ZETA PHI BETA SORORITY, INCORPORATED



PHOTO USE RELEASE FORM

I, _____, hereby grant and authorize Zeta Phi Beta Sorority, Incorporated (hereinafter “Zeta”), the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of any and all pictures or video taken of me by Zeta or submitted to Zeta by me to be used in any way, including but not limited to print and digital communications, without payment and or any other consideration.

This authorization extends to all media and formats now known or hereinafter devised. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing.

I understand and agree that all pictures or video taken of me by Zeta or submitted to Zeta by me shall become the property of Zeta and will not be returned.

I hereby hold harmless and release Zeta from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, and/or any other persons may make while acting on my behalf or on behalf of any of my estate.

I warrant that I am of the age of consent (18 years or older) and that I am competent to contract in my own name. If this form applies to photos or videos of someone under 18 years of age, then his/her legal guardian or parent agrees to all of the terms of this form by signing below.

I have read this release before signing and I fully understand the contents meaning and impact of this release.

Name: _____

Full Address: _____

Email Address: _____

Phone Number: _____

Signature: _____

Date: _____