

PHOTO RELEASE FORM

LUTHERAN WOMEN'S MISSIONARY LEAGUE MID-SOUTH DISTRICT



AUTHORIZATION TO TAKE AND/OR USE PHOTOGRAPHS/VIDEO/TESTIMONIALS WAIVER AND RELEASE FORM

I, _____, hereby grant the Lutheran Women's Missionary League Mid-South District, its directors, officers, employees, agents, and designees (collectively "LWML MSD") non-revocable permission to (a) capture my image and likeness in photographs, videotapes, recordings, or any other media (collectively "Images"), and (b) to document any biographical information, facts, stories, testimonials or other information I disclose to LWML MSD (the "Testimonial"). I acknowledge that LWML MSD will own such Images and Testimonial and further grant the LWML MSD permission to copyright, display, publish, distribute, use, modify, print and reprint such Images and Testimonial in any manner whatsoever related to LWML MSD business. I understand that my photograph(s) and Testimonial may be used in a wide variety of promotional materials including newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications. I also waive any right to royalties or other compensation arising from or related to the use of the Images or Testimonial. I further waive any right to inspect or approve the use of the Images and Testimonial by the LWML MSD prior to its use. I forever release and hold the LWML MSD harmless from any and all liability arising out of the use of the Images or Testimonial in any manner or media whatsoever and waive any and all claims and causes of action relating to use of the Images or Testimonial, including without limitation, claims for invasion of privacy rights or publicity.

Name (print): _____

Signature: _____

Address: _____

Date: _____ Telephone: _____

Email Address: _____

I hereby certify that I am the parent and/or guardian of (name) _____ a child under the age of 18 years, and I hereby consent that any Images or Testimonial (as defined above) may be used for any purposes set forth in this Authorization and Release above.

Signature of Parent or Guardian: _____

Date: _____

Questions? For more information about the organization's use of photographs in communications materials, please email us at contact@midsouthlwml.org.