



# Media Release Form



I, \_\_\_\_\_, grant permission to Alpha Kappa Alpha Sorority, Inc. – Alpha Alpha Mu Omega Chapter (hereinafter “Chapter”) to use my name, voice and any portraits, likeness, pictures, images, video, film, and photographs of me (hereinafter “Images”) for use in media publications including:

(Check all that apply)

- Videos       Email Blasts       Brochures       Newsletters       Magazines
- General Publications       Website and/or Social Media       Other: \_\_\_\_\_

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them not or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image. I hereby release the Chapter from all liability arising from uses of Images including what I might deem misrepresentations of me by virtue of distortion, optical illusions or faulty mechanical reproductions. I agree that all such Images whether plates, transparencies, negatives, film, video, audio, electronic, digital, and/or any medium now or hereafter utilized shall remain the property of the Chapter. All copyrights in Images shall belong to the Chapter and if requested, I will execute any additional agreements to evidence these rights. I further agree to the use of statements made by me about the Chapter and its various service projects and programs.

Please **initial** the paragraph below which is applicable to your present situation:

\_\_\_\_\_ I am at least 18 years of age and I am competent to contract in my own name. I have read this release and I fully understand its contents, meaning, and impact. I acknowledge that this release constitutes the entire understanding with the above parties, all prior understandings, if any, being merged herein.

\_\_\_\_\_ I am the parent or legal guardian of the child named below. I have read this release and I fully understand its contents, meaning, and impact. Your child will not be identified by name in photos published on the web or broadcast on television. Personal information about your child is never posted nor is information indicating the physical location of your child at any given time other than general participation information about an activity/event at a particular chapter program or service project. I acknowledge that this release constitutes the entire understanding with the above parties, all prior understandings, if any, being merged herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_