

STUDENT PHOTO / VIDEO RELEASE FORM

Program: Interact Clubs in District 7780

Permissions Granted:

I hereby give consent for Rotary International to use my photograph / video and likeness to be used in its publications. This includes on its website, social media, future marketing materials, and any other form of public information sharing regarding this program. I release them from any expectation of confidentiality for the undersigned minor child and myself and attest that I am the parent or legal guardian of the children listed below.

I grant Rotary International the right to take photographs / video of me and my family in connection with the above-identified program. I authorize Rotary International, its assigns and transferees, to copy right, use and publish the same in print and/or electronically.

I agree that Rotary International may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Participant's Name Printed: _____

Address: _____

City: _____ State: _____ Zip: _____

Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

High School/Interact Club: _____

Sponsoring Rotary Club: _____