

**ROTARY INTERNATIONAL DISTRICT 5340 PHOTO RELEASE FORM**

I hereby authorize Rotary International District 5340 and its representatives (collectively "District 5340") to capture my image in a photograph, video, or other digital media (collectively "photo") and to use my photo(s) for educational and promotional purposes in any of its presentations and publications, including print, web-based, and electronic presentations and publications.

I understand and agree that my photo(s) will become the property of District 5340 and will not be given or returned to me.

I hereby irrevocably authorize District 5340 to edit, alter, copy, exhibit, publish, and/or distribute my photo(s) for any lawful purpose. In addition, I waive any right to inspect or approve any finished product that contains my photo(s). Additionally, I waive any right to payment, royalties, or other compensation of any kind arising from or related to the use of my photo(s).

I hereby hold harmless, release, and forever discharge District 5340 from all claims, demands, and causes of action which I, my heirs, representatives, assigns, agents, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of the use of my photo(s) or of this photo authorization, waiver, and release.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO AUTHORIZATION, WAIVER, AND RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT(S)/GUARDIAN(S) AS EVIDENCED BY THEIR SIGNATURES BELOW. I HEREBY ACCEPT THE TERMS OF THIS PHOTO AUTHORIZATION, WAIVER, AND RELEASE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

IF UNDER 18, THE PARENT(S) OR LEGAL GUARDIAN(S) MUST SIGN. I/WE HEREBY GRANT ROTARY INTERNATIONAL DISTRICT 5340 AND ITS REPRESENTATIVES PERMISSION TO USE THE PHOTO(S) OF THE ABOVE-NAMED MINOR, AND WE APPROVE AND ACCEPT THE TERMS OF THIS PHOTO AUTHORIZATION, WAIVER, AND RELEASE.

\_\_\_\_\_  
Signature Individually and as Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Capacity

\_\_\_\_\_  
Signature Individually and as Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Capacity