***Photo Release Form***

Zonta Club of Corvallis

PO Box 792

Corvallis, OR 97339-0792

Permission to Use Photograph

Any Corvallis High School Z Club Event

Location: Corvallis area

I grant to Zonta Club of Corvallis and its members, the right to take photographs of me in connection with the above-identified event. I authorize Zonta Club of Corvallis, its assigns and transferees to use and publish the same in print and/or electronically.

I agree that Zonta Club of Corvallis may use such photographs of me with or without **my first name only** and for any lawful purpose, including for example such purposes as publicity (e.g. Z Club brochure, Zoom monthly newsletter of Zonta Club of Corvallis) and Web content (e.g. Zonta International website).

I have read and understand the above:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(if under age 18)