



ZETA PHI BETA SORORITY, INCORPORATED AND AUXILIARIES

PHOTO RELEASE FORM

Chapter/Auxiliary Name _____

City, State, Zip _____

Activity Subject _____

Activity Location _____

In consideration of my participation in the activity described above, I agree to this Photo Release Form. I grant Zeta Phi Beta Sorority, Incorporated (the "Sorority"), and its volunteers, employees, agents, representatives, and licensees permission to copy, edit, publish and otherwise use my name, image and likeness, with or without my name, including for marketing purposes or for any other lawful purpose, in any publication and in any medium, including, by way of example and not limitation, posting a photo of me from the activity on a social media web site, (collectively, "Reproduction") without further consideration. I assign to the Sorority all right, title, and interest in and to all such Reproductions as well as the unencumbered right to exercise such rights in all media and by any means now known or hereafter created, throughout the world, in perpetuity.

I hereby hold harmless and release and forever discharge the Sorority and its volunteers, employees, agents, representatives, and licensees, from all claims, demands, and causes of action which I or the undersigned or any respective heirs, executors, administrators or assigns have or may have resulting by reason of this Photo Release Form.

I HAVE READ THIS PHOTO RELEASE FORM BEFORE SIGNING BELOW AND I FULLY UNDERSTAND THE CONTENTS, MEANING, AND IMPACT OF THIS PHOTO RELEASE FORM:

(Signature)

(Date)

(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:
I hereby certify that I am a parent or guardian of _____, named above,
and hereby agree to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)