



## Photographic Release

FOR VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, I do hereby consent to and authorize the use, reproduction and publication by Pennsylvania DeMolay, or anyone authorized by Pennsylvania DeMolay, of all photographs, video and audio recordings and other images (together, "Images,") it has or will in the future take or make of me without further compensation to me; provided, however, that this Agreement shall not apply to photographs taken of me for employee identification or medical record purposes.

I UNDERSTAND that the terms "use," "reproduction," and "publication" shall be interpreted in the broadest possible manner and shall include such activities as presentations, videos, news releases, newsletters, magazines, brochures, advertisements, internet dissemination, and such other forms and mediums as Elizabethtown DeMolay deems appropriate.

I UNDERSTAND that all Images shall be the property of Pennsylvania DeMolay and I hereby waive, release and quitclaim all of my rights and interests in such Images, if any.

I UNDERSTAND that I may at any time file a written statement with Pennsylvania DeMolay which contemporaneously revokes this Agreement. Such a statement shall only apply to the use and publication of Images taken or made of me after the date on which I file it with Pennsylvania DeMolay.

**I do NOT wish to have my picture taken and/or reproduced for use in any publications by Pennsylvania DeMolay:**

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

\_\_\_\_\_  
Printed Name of Release (**Legibly Please**)

\_\_\_\_\_  
Signature of Releasee

\_\_\_\_\_  
Signature of POA or Parent/Guardian  
(If not over 18 years of age)

\_\_\_\_\_  
Signature of Witness

**I accept the terms set forth above and submit my signature below:**

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

\_\_\_\_\_  
Print Name of Release (**Legibly Please**)

\_\_\_\_\_  
Signature of Releasee

\_\_\_\_\_  
Signature of POA or Parent/Guardian  
(If not over 18 years of age)

\_\_\_\_\_  
Signature of Witness