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

I have read and understand the above:

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).

Thave read and understand the above.	
Signature	
Printed name	
Date	
Signature, parent or guardian(if under age 18)	