



PHOTOGRAPH RELEASE FORM

I (the undersigned) do hereby grant to AAUW, its officers, agents, employees, students, assigns, and licensees, permission to use my photo and related statements, along with my name (first name and last name), for inclusion in AAUW and its state or branch publications and on the AAUW website. I hereby waive any right to inspect or to approve the still photographs and the editorial or printed matter that may be used in conjunction with them.

I hereby release, discharge, and agree to hold harmless AAUW from any claims, damages, liabilities, costs, and expenses that I now have or may hereafter have by reason of any use of the photographs.

I further agree that the foregoing release is intended to be as broad and inclusive as is permitted by the law of the District of Columbia and that if any portion of it is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read this release, fully understand its terms, and understand that I am giving up rights, including my right to sue. I acknowledge that I am signing the release freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Printed name _____

Signature _____ Date _____

Printed name of parent or guardian if signing on behalf of a minor _____

Signature of parent or guardian _____ Date _____

Address _____

City, state, zip code _____