



PHOTO RELEASE FORM

LUTHERAN WOMEN'S MISSIONARY LEAGUE AUTHORIZATION TO TAKE AND/OR USE PHOTOGRAPHS/VIDEO/TESTIMONIALS WAIVER AND RELEASE FORM

I, _____, hereby grant the Lutheran Women's Missionary League, its directors, officers, employees, agents, and designees (collectively "LWML") non-revocable permission to (a) capture my image and likeness in photographs, videotapes, recordings, or any other media (collectively "Images"), and (b) to document any biographical information, facts, stories, testimonials or other information I disclose to LWML (the "Testimonial"). I acknowledge that LWML will own such Images and Testimonial and further grant the LWML permission to copyright, display, publish, distribute, use, modify, print and reprint such Images and Testimonial in any manner whatsoever related to LWML business. I understand that my photograph(s) and Testimonial may be used in a wide variety of promotional materials including newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications. I also waive any right to royalties or other compensation arising from or related to the use of the Images or Testimonial. I further waive any right to inspect or approve the use of the Images and Testimonial by the LWML prior to its use. I forever release and hold the LWML harmless from any and all liability arising out of the use of the Images or Testimonial in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images or Testimonial, including without limitation, claims for invasion of privacy rights or publicity. I have read and understand the above:

Name (print): _____

Signature: _____

Address: _____

Date: _____ Telephone: _____

Email Address: _____

I hereby certify that I am the parent and/or guardian of _____ a child under the age of 18 years, and I hereby consent that any Images or Testimonial (as defined above) may be used for any purposes set forth in this Authorization and Release above.

Signature of Parent or Guardian: _____

Date: _____ Questions? For more information about the organization's use of photographs in communications materials, please email us at mission@adlwml.org.



To send photographs through the United States Postal Service

For each photograph:

1. Complete a Photo Release Form.
2. Label with a number. Writing the number on an adhesive label or a sticky-note and then attaching it to the back of the photograph will be sufficient. Please do not write directly onto the back of the photograph.
3. Prepare a descriptive caption. Include the number of the photograph in the description.

To send the photographs by email to mission@adlwml.org

For each photograph:

1. Complete and attach a Photo Release Form
2. Prepare a descriptive caption and include the filename of the photograph in your description.