Photo Release Form for Minors (if under 18)

_____ Chapter of the Tennessee State Organization of the Delta Kappa Gamma Society International has my permission to use my child's photograph publicly to promote the organization. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

_____ _____

Parent/Guardian's signature Date

_____ _____

Child's Name (please print) Phone Number

Photo Release Form for Adults

_____ Chapter of the Tennessee State Organization of the Delta Kappa Gamma Society International has my permission to use my photograph publicly to promote the organization. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Signature: _____ Date: _____

Name: _____

(please print)