Photo Release Form

PILLAR COMMUNITY DEVELOPMENT CORPORATION

P.O. BOX 731

BLOOMFIELD, CT. 06002

Subject: 2023 Education Aid Awards

Location/EVENT: _____

I grant PILLAR COMMUNITY DEVELOPMENT CORPORATION (PCDC), and/ or its representatives the right to take photographs of me and my property in connection with any events or activities in association with PCDC.

I authorize PILLAR COMMUNITY DEVELOPMENT CORPORATION, its assigns and transferees to copyright, use and publish the same in print and/or electronically and in social media and websites.

I agree that PILLAR COMMUNITY DEVELOPMENT CORPORATION may use such photographs of me, with or without my name and for any lawful purpose, including but not limited to web content, advertising, and publicity, illustration.

I have read and understand the above:

Signature _____

Printed Name _____

Organization Name (if applicable) _____

Address _____

Date _____

If under 18 years old, signature of Parent of Guardian

Signature _____

Printed Name _____