



Alpha Kappa Alpha Sorority, Incorporated®
Alpha Gamma Omega Chapter

Photo & Publicity Release Form

Use this form for individuals under the age of 18 years.

NOTE: This form must be completed and signed by a parent/guardian for every child. We must have this form signed before your child can either attend, be transported or participate in Alpha Gamma Omega Chapter activities.

I, _____ the undersigned parent or legal guardian, give Alpha Gamma Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated, the absolute right and permission to use my child's photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Website, Scrapbook), or other form of promotion. I release Alpha Kappa Alpha Sorority, Incorporated, Alpha Gamma Omega Chapter, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I hereby consent that such information, photographs, videos, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to duplicate, reproduce and make other uses of such information, photographs, videos, recordings, and plates as they may desire free and clear of any claim whatsoever on my part.

Child's Full Name	Birth Date	Child's Signature	Date
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Parent/Guardian Name	Parent/Guardian Signature	Date
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Non-Minor Participant Name	Non-Minor Participant Signature	Date
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