

Scholarship Committee
Atlanta Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

MEDIA RELEASE FORM

The application form submitted to the Scholarship Committee of the Atlanta Alumnae Chapter must include a photo of the applicant.

TO THE APPLICANT

The purpose of this release is to post pictures on our web site or release photos of our winners to the local media. Should you wish not to have your photo released, we will respect that wish. Please complete the form so that we will have the necessary information.

I, _____(Please Print Name) do hereby consent to the reproductions, use and distribution of my photograph/image, in whole or part, in original or modified form alone or in conjunction with other sketches, art work, and text materials for use by Atlanta Alumnae Chapter of Delta Sigma Theta Sorority, In. for an unlimited time and unlimited use. Uses of my image may include but are not restricted to promoting the events and activities of the Atlanta Alumnae Chapter in newspapers, magazines, brochures, flyers, and web sites.

I assign the rights of copyright to such material to the Atlanta Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and release it and its nominees, clients, and successors indefinitely from any liability arising out of such use of my image in any and/or all media.

I hereby release Atlanta Alumnae Chapter of Delta Sigma Theta Sorority, Inc., its agents, licenses, successors, and assigns from any and all claims, liabilities and damages arising out of the rights granted hereunder, or the exercise thereof.

Student Printed Name _____
Date

Student Signature

Address _____
City, State, Zip Code

Parent/Guardian Name _____
Signature Parent/Guardian

Print Name of AAC Representative _____
Signature AAC Representative

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I, _____(Print Name) do not wish to sign this Release.

Signature_____Date_____Signature_____Date_____
(Student) (Parent/Guardian)