



Lake Gaston Junior Women's Club  
P.O. Box 814  
Bracey, VA 23919

## Photo Release Form

### Permission to Use Photograph

Subject: \_\_\_\_\_

Location: \_\_\_\_\_

I grant the **Lake Gaston Junior Women's Club** and its representatives/members the right to take photographs of me and my property in connection with the above-identified subject.

I authorize the **Lake Gaston Junior Women's Club**, its assignees and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that the **Lake Gaston Junior Women's Club** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signature, parent or guardian (if under age 18): \_\_\_\_\_