



Altrusa International, Inc.

PHOTO RELEASE FORM*

I, _____, give Altrusa International, Inc., (Altrusa) the absolute right and permission to use photographs of me, in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion.

I acknowledge that Altrusa owns the photograph. I acknowledge Altrusa's right to crop or treat the photograph in its discretion. I also acknowledge that Altrusa may choose not to use the photograph at this time, but may do so at its own discretion at a later date.

I waive any right to compensation arising from or related to the use of the photograph.

I am 18 years of age or older.

Name (Please Print Clearly)

Signature

Date

Name (Please Print Clearly)

Signature

Date

Name (Please Print Clearly)

Signature

Date

* THIS RELEASE CAN BE USED FOR 1-3 PERSONS.

Please forward completed form to:

Altrusa International, Inc.
Attn: Membership
332 South Michigan Avenue, Suite 1123
Chicago, IL 60604-4410
Tele: (312) 427-4410
Fax: (312) 427-8521
E-mail: altrusa@altrusa.com



Altrusa International, Inc.

PHOTO/VIDEO RELEASE FORM FOR A MINOR

I, (parent's name, please print) _____, give Altrusa International, Inc., (Altrusa) the absolute right and permission to use photographs of my minor child, _____, in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion.

I acknowledge that Altrusa owns the photograph. I acknowledge Altrusa's right to crop or treat the photograph in its discretion. I also acknowledge that Altrusa may choose not to use the photograph at this time, but may do so at its own discretion at a later date.

I waive any right to compensation arising from or related to the use of the photograph.

Name of Child (Please Print Clearly)

Name of Legal Guardian or Parent (Please Print Clearly)

Signature of Legal Guardian or Parent **Date**

Phone Number and/or E-mail Address (Please Print Clearly)

Please forward completed form to:

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