

Beta Alpha Psi Gamma Chi - Photo Release Form

Agreement

(Please print name, first and last, in the blanks below)

I, _____, do hereby give my permission to Beta Alpha Psi, Gamma Chi Chapter of the University of Memphis, to take my photo during meetings, chapter sponsored events, and all other chapter related activities. In addition to giving my expressed permission to have my photo taken, I also grant Beta Alpha Psi, Gamma Chi Chapter of the University of Memphis to use my photo for current and future promotional material, flyers, newsletters, website features, etc.

Confirmation

(Please print name, first and last, in the blanks below)

By signing my name below, I, _____, am confirming that I fully understand the implications of the above agreement, and, in doing so, completely absolve Beta Alpha Psi, Gamma Chi Chapter of the University of Memphis and its members of legal repercussions I, _____, may want or feel obligated to impose as it pertains to the above agreement.

Signature: _____ Date: _____

If you refuse to fill out the above, please fill out the below. Print name, first and last, in blanks.

I, _____, DO NOT give expressed permission to Beta Alpha Psi, Gamma Chi Chapter of the University of Memphis to take my photo during meetings, chapter sponsored events, and all other chapter related activities. I FORBID Beta Alpha Psi, Gamma Chi Chapter of the University of Memphis to use my photo for current and future promotional material, flyers, newsletters, website features, etc. By refusing my permission, I, _____, am accepting the responsibility of notifying the acting meeting photographer of my stance on the matter at each meeting, event, or chapter sponsored activity I attend, and will comply if asked by the photographer to change seats during meetings to avoid being photographed.

Signature: _____ Date: _____