ART SIDE OUT Volunteer Photo Release Form

This Photo Release Form (PRF) is to be completed by ARTSIDEOUT volunteers or parents/guardians of Youth Volunteers. It will remain in effect from the time of signing indefinitely. You may change the level of consent, or withdraw it completely, at any time by submitting a new PRF.

Throughout the course of the volunteer's role, the ARTSIDEOUT associates may take photographs or record events. These photographs and/or videos may be used by ARTSIDEOUT to be used for lawful purposes including, but not limited to, advertising, illustration, web content, and publicity.

I, on my own behalf and/or on behalf of my child/ward, grant to ARTSIDEOUT, its associates and employees the right to take photographs of me and my property throughout mine and/or my child/ward's volunteer work term with ARTSIDEOUT. I, on my own behalf and/or on behalf of my child/ward, authorize ARTSIDEOUT, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically.

I, on my own behalf and/or on behalf of my child/ward, agree that ARTSIDEOUT may use such photographs of me and/or my child/ward for any lawful purpose including, but not limited to, advertising, illustration, web content, and publicity.

ARTSIDEOUT is only responsible for official uses of photographs and recordings. Any personal uses by its members, students, and associates outside of the promotional uses outlined above are not the responsibility of ARTSIDEOUT.

Please check and sign to confirm your consent. Please check only one of the following.

☐	**Full Release:** I give permission and/or consent for all uses as specified above.	
☐	**No Release:** I **DO NOT** give my permission/consent.	Note: whenever possible, you and/or your child/ward may be photographed. Should you and/or your child be included in a group photo, you or they will be cropped out of the image if it is used for promotional purposes.

_____ _____ _____
(Volunteer)   (Signature)   (Date)
(Parent/Guardian if under age 18)

Justine Tenzer
_____ _____ _____
Volunteer Director   (Signature)   (Date)