



# Photographic Release

Email release form to: [pmyf@pagrandlodge.org](mailto:pmyf@pagrandlodge.org)

FOR VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, I do hereby consent to and authorize the use, reproduction and publication by the Pennsylvania Masonic Youth Foundation, or anyone authorized by the Pennsylvania Masonic Youth Foundation, of all photographs, video and audio recordings and other images (together, "Images,") it has or will in the future take or make of me without further compensation to me; provided, however, that this Agreement shall not apply to photographs taken of me for employee identification or medical record purposes.

I UNDERSTAND that the terms "use," "reproduction," and "publication" shall be interpreted in the broadest possible manner and shall include such activities as presentations, videos, news releases, newsletters, magazines, brochures, advertisements, internet dissemination, and such other forms and mediums as the Pennsylvania Masonic Youth Foundation deems appropriate.

I UNDERSTAND that all Images shall be the property of the Pennsylvania Masonic Youth Foundation, and I hereby waive, release and quitclaim all of my rights and interests in such Images, if any.

I UNDERSTAND that I may at any time file a written statement with the Public Relations Office, which contemporaneously revokes this Agreement. Such a statement shall only apply to the use and publication of Images taken or made of me after the date on which I file it with the Public Relations Office.

Youth Group Member *(please specify)* \_\_\_\_\_  Advisor  Volunteer

Other: \_\_\_\_\_

***I do NOT wish to have my picture taken and/or reproduced for use in any publications by the Pennsylvania Masonic Youth Foundation:***

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

\_\_\_\_\_  
Printed Name of Release

\_\_\_\_\_  
Signature of Releasee

\_\_\_\_\_  
Signature of POA or Parent/Guardian  
(If not over 18 years of age)

\_\_\_\_\_  
Signature of Witness

***I accept the terms set forth above and submit my signature below:***

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

\_\_\_\_\_  
Printed Name of Release

\_\_\_\_\_  
Signature of Releasee

\_\_\_\_\_  
Signature of POA or Parent/Guardian  
(If not over 18 years of age)

\_\_\_\_\_  
Signature of Witness