

Media Release Form (Minor)

PLEASE NOTE:

Attending this event may result in the use of your name, image and likeness in printed and electronic material, including but not limited to publication on the world wide web, social network sites, in press materials, and in advertising and marketing materials. You hereby specifically release Alpha Kappa Alpha Sorority, Incorporated® and its agents from any and all claims arising from the use of your name, image and/or likeness based on any of the uses stated above.

As you may be aware **Theta Rho Omega Chapter** maintains a website that contains information about the chapter's service projects and programs. From time to time, we may videotape or photograph the chapter's service projects and programs. For the photo(s) or video(s) of someone under the age of 18 to appear on our web page or in a television broadcast, we must obtain written permission.

Your child will not be identified by name in photos published on the web or broadcast on television. Personal information about your child is never posted nor is information indicating the physical location of your child at any given time other than general participation information about an activity/event at a particular chapter program or service project.

Please sign below to allow your child to be part of these good news stories about our chapter program(s) or service project(s). I give permission for my child's picture, voice, or work to appear in television broadcasts, video, photos, and/or on the **Theta Rho Omega Chapter's** website. I understand that information broadcast on television and/or published on **Theta Rho Omega Chapter's** website may be accessed by the general public at any time.

Child's Name _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____