



# IMAGE RELEASE FORM

## Founders

LaShyra Escobosa  
Renaë Robinson  
Audrea Dickinson

## National Board

LaShyra Escobosa  
**President**

Renaë Robinson  
**Secretary**

Audrea Dickinson  
**Treasure**

Shantell Cherry  
**Membership Director**

Rosita Quinones  
**Sgt at Arms**

Masani Marks  
**Youth Director**

## Chapters

Alpha - Delaware  
Beta - Georgia  
Gamma - North Carolina  
Delta - New Jersey  
Epsilon - Baltimore  
Zeta - Nevada  
Eta - Texas  
Theta - Tennessee  
Iota - Alabama  
Kappa - Florida  
Lambda - Indiana  
Mu - South Carolina  
Nu - Virginia  
Xi - Pennsylvania  
Omicron - Mississippi  
Pi - Arkansas  
Rho - Virgin Island  
Sigma - Wisconsin  
Tau - Michigan  
Upsilon - Arizona  
Phi - Ohio

I, \_\_\_\_\_, hereby grant permission to Rho Sigma Alpha Sorority Incorporated, Alpha Sigma Delta Youth Sorority, and Radiating Rhoetts Diamond Auxiliary ("the Organizations") to use my likeness in photographs, video recordings, or electronic images for media and website purposes.

I understand and agree that these materials may be used on the Organizations' official websites, social media channels, promotional materials, and other media outlets without further notification or compensation.

I hereby authorize the Organizations to edit, alter, copy, exhibit, publish, or distribute these images for the aforementioned purposes. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video.

I hereby hold harmless and release and forever discharge the Organizations from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Participant's Name: \_\_\_\_\_

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

[If participant is under 18 years old]

I hereby certify that I am the parent/legal guardian of the above-named participant and I hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Name: \_\_\_\_\_

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

[Date of Event/Activity]: \_\_\_\_\_

[Location of Event/Activity]: \_\_\_\_\_

[Event/Activity Description]: \_\_\_\_\_

Please sign and return this form to the designated representative of Rho Sigma Alpha Sorority Incorporated, Alpha Sigma Delta Youth Sorority, or Radiating Rhoetts Diamond Auxiliary before the commencement of the event/activity.