

Photo Release Form

**Southeastern Chapter
of the
American Rhododendron Society**

Permission to Use Photograph

Subject: _____

Location: _____

I grant to **Southeastern Chapter of the American Rhododendron Society**, and its representatives, the right to take photographs of me and my property in connection with the above-identified subject. I authorize **Southeastern Chapter of the American Rhododendron Society**, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that **Southeastern Chapter of the American Rhododendron Society** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)