

**RHO ETA OMEGA CHAPTER**  
**ALPHA KAPPA ALPHA SORORITY, INC.**  
**RICHMOND, VA**

**Photo Release and Consent Form**

I hereby consent to the use of my photographic image by the Rho Eta Omega Chapter of Alpha Kappa Alpha Sorority, Inc. in informational publications and in electronic presentations. I further agree that Rho Eta Omega Chapter is free to select any photographs without consultation with me.

I understand that I am donating the photograph and that there will be no payment or compensation for the photograph or for its use. In giving my consent, I agree that I shall not bring or file any complaints, claims, or causes of action of any kind against Rho Eta Omega Chapter or Alpha Kappa Alpha Sorority, Inc. for any matter in connection with the use of my photograph.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ (Print full legal name)

\_\_\_\_\_ (Legal signature)

\_\_\_\_\_ (Parent/Guardian Signature)\*

\*Only needed if subject is a minor.