



STANDARD PHOTO RELEASE FORM

Participant's Name: _____

I hereby authorize The Well Armed Woman Shooting Chapters, its representatives and members the right to take photographs / videos of me and to publish these photographs / videos, along with use of my name, to be used in any The Well Armed Woman Shooting Chapters printed publications, website, or social media.

I acknowledge that since my participation in publications and/or websites produced by The Well Armed Woman is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and/or website produced by The Well Armed Woman confers upon me no rights of ownership whatsoever.

I agree that The Well Armed Woman may use such photographs / videos 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 release The Well Armed Woman, its contractors and its members from liability for any claims by me or any third party in connection with my participation.

I have read and understand the above:

Signature: _____ Date: _____

Street Address: _____