



## Photo Release Form

Volunteer Name: \_\_\_\_\_

I hereby authorize My Sister's Place (MSP) to publish photographs taken of me, and my name, for use in a wide variety of MSP's promotional materials including newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalist, websites, social networking sites and other print and digital communications.

I acknowledge that since my participation with MSP is voluntary, I will receive no financial compensation.

I release MSP, its board members and its employees from liability for any claims by me or any third party in connection with my participation.

I understand that MSP is a non-profit organization and that use of photographs will be limited to educational and non-commercial purposes. I represent that I am over the age of eighteen and that I have read the foregoing and completely understand the contents thereof.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

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