Alpha Kappa Alpha Sorority, Incorporated®

Alpha Gamma Eta Prega Chapter
proudly serving Orange County, NY

Media/Photo Release Form

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herein after AGHO, the right and permission to use representation of me or my minor named below on whose h	
AGHO videos, print materials, or digital communications in	
programs, and to use my name, or the name of the minor or	_
with the AGHO Scholarships. I agree that AGHO may us	se photographs/images/videos of me, or the
minor named below on whose behalf I am signing, with or	r without my name, or minor's name and for
any lawful purpose, including for example purpose of p	oublicity, illustration, advertising, and Web
content. I hereby release, discharge and agree to inde	mnify and hold harmless AGHO, its legal
representatives or assigns and all persons acting under its	
demands whatsoever arising out of or in connection with	
inspect, or approve any uses of my likeness for these purpor	ses.
	
Signature of Applicant if not a minor	Date
I, hereby certify that I am the parent and/or legal guardian	of
minor under the age of eighteen years, and hereby consent	
the media and/or photographs taken of said minor pure	-
Release Form, including without limitation, the release	
thereof.	
	
Signature of Parent/Legal Guardian	Date