



Zeta Phi Beta Sorority, Incorporated
Eta Phi Zeta Chapter

P.O. Box 4804 ▪ Chapel Hill, NC 27515 ▪ www.chapelhillzetas.org ▪ E: chapelhillzetas@aol.com

Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Zeta Phi Beta Sorority, Inc. Eta Phi Zeta Chapter, its members, or agents (collectively referred to herein as “Zeta”) have the right to take photographs, videotape, or digital recordings of me and to use my image and name in all forms and media, including composite or modified representations for all purposes, including advertising, trade or any commercial purpose throughout the world and in perpetuity.

I do hereby release to Zeta all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Zeta is not responsible for any expense or liability incurred as a result of my participation in any photograph, video or digital recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____

Phone: _____

Witness for the undersigned: _____

Signature: _____



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I hereby grant to Zeta Phi Beta Sorority, Inc. Eta Phi Zeta Chapter, its members, or agents the right to take photographs, videotape, or digital recordings of my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Name: _____ Date: _____

Address: _____

Phone: _____

Witness for the undersigned: _____

Signature: _____

I certify that I am a custodial parent and have the aforementioned rights to assign.

Signature of Parent or Guardian:

Name: _____ Date: _____

Address: _____

Phone: _____